10500000920

| (Requestor's Name) | | | | |
|---|----------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | <u> </u> | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
AND ASSECT FROME

S. HAWKES

NOV - 3 2009

EXAMINER

COVER LETTER

| | ration Section on of Corporations | | | |
|-------------------------|---|--|--|--|
| SUBJECT: V | /acation Club Service A | gency, LLC | | |
| | | imited Liability Company) | | |
| | | | | |
| The enclosed A | articles of Dissolution and fee(s) are su | bmitted for filing. | | |
| Please return al | l correspondence concerning this matte | er to the following: | | |
| | Michael J. Belle | | | |
| | | (Name of Person) | | |
| Michael J. Belle, P. A. | | | | |
| (Firm/Company) | | | | |
| | 2364 Fruitville Road | | | |
| | | (Address) | | |
| Sarasota, Florida 34237 | | | | |
| | (City | y/State and Zip Code) | | |
| For further info | rmation concerning this matter, please | call: | | |
| Mich | nael Belle | _{at (_} 941 ₎ 958 | 5-9212 | |
| | (Name of Person) | (Area Code & Dayt | ime Telephone Number) | |
| Enclosed is a che | ck for the following amount: | | | |
| \$25.00 Filing I | | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | MAILING ADDRESS: | | OURIER ADDRESS: | |
| | Registration Section Division of Corporations | Registration S Division of C | | |
| | P.O. Box 6327 | Clifton Build | ing | |
| | Tallahassee, FL 32314 | 2661 Executi | ve Center Circle | |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is Vacation Club Service Agency, L | LC | 4 |
|--|---|--------------------------------------|
| 2. The Articles of Organization were filed on L05000000920 | ecember 27, 2004 | and assigned document number |
| 3. The date the dissolution was approved: Sept | tember 25, 2009 | |
| 4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on ba ailed to file its 2009 Annual Rep | e limited liability company's ouck cover letter). | dissolution pursuant to section |
| | | |
| 5. CHECK ONE: | | |
| All debts, obligations and liabilities of OR- | | - |
| Adequate provision has been made for | - | _ |
| All remaining property and assets have been di rights and interests. | stributed among its members | in accordance with their respective |
| 7. CHECK ONE: | | |
| There are no suits pending against the -OR- | company in any court. | |
| Adequate provision has been made for entered against it in any pending suit. | the satisfaction of any judgn | nent, order or decree which may be |
| Signatures of the members having the same percentage | ge of membership interests n | ecessary to approve the dissolution: |
| Signature / | | Printed Name |
| Malma MEDE | Malena | Belle |
| | | |
| | | |
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