

LB5000 44605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

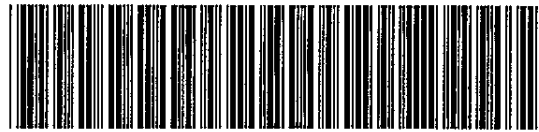
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800061725248

$$1.5 \times 10^{-2} \text{ mol/L} \times 100 \text{ mL} = 1.5 \times 10^{-3} \text{ mol}$$

2000-02-22 PM 2:20

Los videos de

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Timeshare Resale Superstore, LLC
(Name of Corporation)

DOCUMENT NUMBER: LO5000046605

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Hanley, CPA
(Name of Contact Person)

Vacations Only, Inc.
(Firm/Company)

11059 International Drive
(Address)

Orlando, FL 32821
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Hanley at (407) 465-1888
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2005

TIM HANLEY
11059 INTERNATIONAL DRIVE
ORLANDO, FL 32821

SUBJECT: TIMESHARE RESALE SUPERSTORE, LLC
Ref. Number: L05000046605

We have received your document for TIMESHARE RESALE SUPERSTORE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 205A00070761

RECEIVED
2005 DEC 22 PM 2:20
STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Timeshare Resale Superstore, LLC
2. The mailing address of the limited liability company is: 11059 International Dr.
Orlando, FL 32821
3. Date of filing/registration in Florida 5/5/05
4. Document number LO5000046605

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

McBride, William
Name
135 W. Central Blvd. Ste. 1100
Address
Orlando FL 32801
City, State and Zip

6. The name and address of the new registered agent and/or office:

Courte, Angela
Name
11059 International Dr.
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32821
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Angela Courte, Mgr
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00