

L06000013293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/28/10--01012--008 **25.00

10 JUN 28 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRYAN

JUN 29 2010

EXAMINER

**RESIDENTIAL RESORTS, LLC
7797 AROLLA PINE BOULEVARD
SARASOTA, FL 34240**

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Re: Document Number LO600013293
FEI/EIN 20-4277204
Voluntary Dissolution Filed June 14, 2010

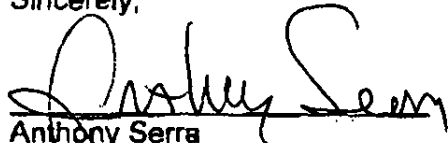
Dear Sir or Madam:

Our limited liability company, Residential Resorts, LLC, is currently inactive on your records due to a Voluntary Dissolution filed on June 14, 2010. This Voluntary Dissolution was filed in error and we respectfully request that you revoke the Dissolution at this time.

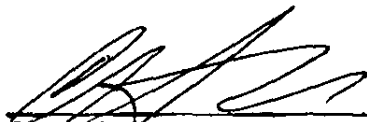
The reason for dissolving the entity had to do with the fact that we were under the impression that if one of the two partners left the company it would not be able to exist with just one partner. We now understand that it is totally legal to have a one owner in a LLC in Florida. Revoking the dissolution and allowing the entity to survive would make it unnecessary to start a new company and deal with all of the issues associated with starting a new organization.

Thank you in advance for your cooperation. You may call me directly on my cell phone at (941) 223-6622.

Sincerely,



Anthony Serra
Manager/Member



Chris Hegedus
Manager/Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Residential Resorts LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anthony Serra

(Contact Person)

Residential Resorts LLC

(Firm/Company)

7797 Arolla Pine Blvd.

(Address)

Sarasota, FL 34240

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas E. Whittaker

(Name of Contact Person)

at (941) 493-5299

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Residential Resorts, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L06000013293

4. I, Chris Hegedus, hereby resign as a Manager/Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Chris Hegedus", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA