26-126-98

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
•		
(Rusin	ess Entity Name)	
(Dusin	ces Linky Ivame)	
(D.		
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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Resign		
0	Office Use Only	

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G. MCLEOD MAY 1 3 2008 EXAMINER



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COVER LETTER

TO:	Registration Section				
Division of Corporations					
SUBJ	Time Shares Internat				
	(Name of L	cimited Liability Company)			
The entition of the filling.		or manager resignation and fee(s) are submitted for			
Please	e return all correspondence concernir	ng this matter to:			
Han	s Billewicz				
	(Contact Person)				
	(Firm/Company)				
5334	4 Central Florida Pkwy, #26	39			
	(Address)				
Orla	ndo, FL 32821				
	(City/State and Zip Code)				
For fu	orther information concerning this ma	atter, please call:			
		at ()			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclos		e to the Florida Department of State for:			
	\$25 Filing Fee	\$55 Filing Fee &			
		Certified Copy			
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:			
-	tration Section	Registration Section			
	on of Corporations	Division of Corporations			
	n Building	P.O. Box 6327			
2661 I	Executive Center Circle	Tallahassee, Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301



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 of State is: Tim	limited liability company as e Shares Internation	it appears on the records of al, LLC	f the Florida Depart	ment
2. This limited liab	ility company was organized orida	l under the laws of:		
3. The Florida docu L 0700012	nment/registration number of	fthis limited liability compa	any is:	
4. I, Alexander	Suslov ame of Person Resigning)	, hereby resign as a N	Manager (Print Title)	
	pility company and affirm th	e limited liability company	•	f my
All	Sus		70a - -	₩.
Signature of Resi	gning Member, Managing N	lember or Manager	08 MAY 12	SECRETA WISION O
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 PH 3:1	ARY OF STA F CORPORA