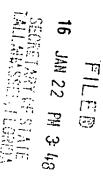
| (F | Requestor's Name) | | | |
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| (Address) | | | | |
| | Address) | | | |
| (0 | City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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JAN 25 2016 S. YOUNG

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions o | f section 605.0115, | Florida Statutes, the u | ndersigned, | |
|--|----------------------------------|---|--|--------------------------|
| WILLIAM C BEINBRE | СН | | , hereby resigns as | e |
| Nar | ne of Registered Agent | | , nercoy resigns a | , |
| Registered Agent for VAC | ATION INN RES | SORT REALTY OF | THE PALM BEA | CHES LLC |
| | Name of Limite | ed Liability Company | . | <u>.</u> |
| L08000095847 | | | | |
| Document Numbe | r, if known | _ | | |
| A copy of this resignation we The agency is terminated and the agency is the agency of this resignation we are agency is the agency of this resignation we are agency is the agency of this resignation we are agency is the agency of the the a | d the office discont | | after the date on which | |
| _ | Тур | ped or Printed Name | | P# 301741 |
| | | Capacity | | \$. 6 |
| | FILING F \$ 85.00 \$ 25.00 | EES: Active limited liabilit Administratively diss withdrawn limited lia | y company olved/ voluntarily dis ability company | solved/ |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

| SUBJECT: VACATION INN RESORT REALTY OF TH | IE PALM BEACHES LLC |
|--|---|
| Name of Limited Liability | y Company |
| DOCUMENT NUMBER: L08000095847 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | d Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to t | he following: |
| BERNARD PAQUIN | |
| Name of Person | - |
| VACATION INN RESORT REALTY OF THE PALM B | E |
| Name of Firm/Company | - |
| 6500 N MILITARY TRAIL | |
| Address | - |
| WEST PALM BEACH FL., 33407 | 16 |
| City/State and Zip Code | T N N N N N N N N N N N N N N N N N N N |
| VIRESORTMANAGER@COMCAST.NET | 22 |
| E-mail address: (to be used for future annual report notification) | 一 |
| For further information concerning this matter, please call: | |
| BERNARD PAQUIN 561 | 848-6170 |
| Name of Person Area Code | Daytime Telephone Number |

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

TO:

Registration Section Division of Corporations

WASCH RAINES

Alan L. Raines, Esq.

Direct Dial: 561-693-1975 Email:araines@waschraines.com

December 8, 2015

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY

William C. Beinbrech 7770 Tahiti Lane #203 Lake Worth, FL 33467

6500 North Military Trail West Palm Beach, FL 33407

RE: VACATION INN RESORT REALTY OF THE PALM BEACHES, LLC-termination of Qualifying Real Estate Broker Employment Agreement

Dear Mr. Beinbrech:

This law firm represents VACATION INN RESORT REALTY OF THE PALM BEACHES, LLC ("VIR Realty"). Pursuant to Section 10.3 of the Qualifying Real Estate Broker Employment Agreement between VIR Realty and William C. Beinbrech dated July 29.2014 (the "Agreement"), VIR Realty is terminating the Agreement without cause by providing thirty (30) days written notice. The last day of the Agreement is Friday, January 9, 2016 (thirty [30] days from date of delivery of written notice).

Alan L. Raines

VACATION INN RESORT REALTY OF THE PALM BEACHES, LLC.

WASCH RAINES LLP

cc:

2500 N. Military Trail, Suite 465, Boca Raton, FL 33431 Tel 561.693.3221 Fax 561-404-1104