

L10 000019276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

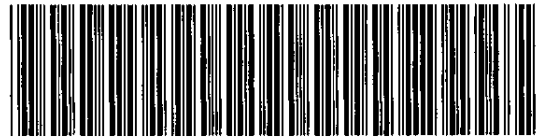
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 10 2010

EXAMINER



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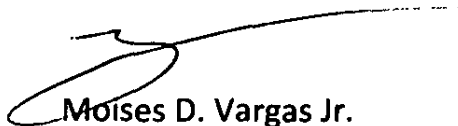
09/20/10--01024--004 **25.00

FILED
10 NOV - 8 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This document was submitted on September 15th and the accompanying check was cashed on September 21st 2010.

I called on November 4th to find out why the document had not been posted. I was informed the document was missing a signature. I am re-submitting the documents with appropriate signature and a copy of the check that was processed in September.

Your assistance is greatly appreciated.

A handwritten signature in black ink, appearing to be "Moises D. Vargas Jr.", written over a horizontal line.

Moises D. Vargas Jr.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vacation Ownership Relief, 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:

Carmen T. Ciliberti
(Contact Person)

Vacation Ownership Relief, LLC
(Firm/Company)

13356 Falcon Point Drive
(Address)

Orlando, FL 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen Ciliberti at (321) 946-1116
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

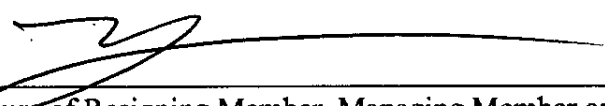
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: VACATION OWNERSHIP RELIEF, LLC

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

3. The Florida document/registration number of this limited liability company is:
L10000019276

4. I, Moises D. Vargas Jr., hereby resign as a Manager
(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.



Signature of Resigning Member, Managing Member or Manager

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

FILED
10 NOV - 8 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA