

L 11 000116603

(Requestor's Name)

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(Business Entity Name)

(Document Number)

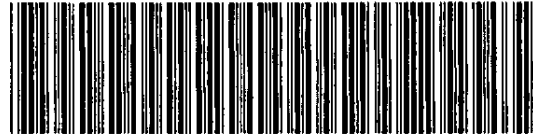
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULTIMATE VACATION GROUP INC
(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:

BLAKE CURTIS
(Contact Person)

ULTIMATE VACATION GROUP INC.
(Firm/Company)

5224 W. STATE RD 46 # 139
(Address)

SANFORD FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

BLAKE CURTIS at (407) 590-9800
(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

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RECEIVED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
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: ULTIMATE VACATION GROUP

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

3. The Florida document/registration number of this limited liability company is:
L11000 116603

4. I, CYNTHIA A CURTIS, hereby resign as a MGR
(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.

X Cindy Ct
Signature of Resigning Member, Managing Member or Manager

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

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000116603

Entity Name: ULTIMATE VACATION GROUP,LLC

Current Principal Place of Business:

5224 W. STATE ROAD 46
UNIT #139
SANFORD, FL 32771

Current Mailing Address:

5224 W. STATE ROAD 46
UNIT #139
SANFORD, FL 32771 US

FEI Number: 45-3575239

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURTIS, CYNTHIA A
568 BENT PINE CT.
SANFORD, FL 32771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

2-12-13

Manager/Managing Member Detail :

Title MGR
Name CURTIS, CYNTHIA A
Address 5224 W. STATE ROAD 46
UNIT #139
City-State-Zip: SANFORD FL 32771

Title MGRM
Name CURTIS, JOHNATHAN B
Address 5224 W. STATE ROAD 46
UNIT #139
City-State-Zip: SANFORD FL 32771

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHNATHAN B. CURTIS

MANAGER

01/07/2013

Electronic Signature of Signing Manager/Managing Member

Date