112000034791

(Re	equestor's Name)			
(Address)				
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	. MAIL		
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(Document Number)				
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T. HAMPTON

COVER LETTER

Division of Corporations	
	HING & SEHLEMENH LLC
(Name of Limited L	iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
VILMARYS Frentes	
Timeshare Consulting +	Settlement LLC
PO BOX 1062 / 9019 A	liso Ridge Road
GOHNAL FL 34734 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
VIIManys Tuentes at (Name of Contact Person)	407 <u>488-6943</u> Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\square\$ \$\frac{1}{2}\$ \$Filing Fee	Florida Department of State for: \$\simeq\$\$ \$\\$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

CR2E079 (5/06)

TO: Registration Section



RECEIVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 28, 2013

VILMARYS FUENTES 9019 ALISO RIDGE RD GOTHA, FL 34734

SUBJECT: TIMESHARE CONSULTING & SETTLEMENT, LLC

Ref. Number: L12000034791

We have received your document for TIMESHARE CONSULTING & SETTLEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00002082



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 lin of State is: $1/1/1$	nited liability company as it a 1e5hqre ConsuH	ppears on the records of th	e Florida Department
2. This limited liabili	ty company was organized un	der the laws of: 	
3. The Florida docum $L/200$	ent/registration number of thi	s limited liability company	is:
of this limited liabil	e of Person Resigning) ity company and affirm the li		
resignation in writing	g. ing Member, Managing Mem	ber or Manager	
Filing Fee: Certified Copy:			13 FEB 21