L1200063216

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1:01 1 5 2013

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: <u>Vacation Consultants LLC</u> (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:

(Firm/Company) 100B(Address) (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

8882 10

8145

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 661 Executive Center Circle Illahassee, Florida 32301

MAILING ADDRESS:

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

'E079 (5/06)



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 Consultants of State is: Vacation
- 2. This limited liability company was organized under the laws of:

orida

3. The Florida document/registration number of this limited liability company is: 5256565 L12000063216

4. I.

ng), hereby resign as a Managing Member (Print Name of Person Resigning)

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

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