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| Certified Copies              | Certificates of | of Status     |
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| Special Instructions to Filin | a Officer:      |               |
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#### **COVER LETTER**

TO: Registration Section Division of Corporations

### SUBJECT: Worldwide Resort Exchange

(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:

## Elisha Ballinger

(Contact Person)

#### Worldwide Resort Exchange

(Firm/Company)

#### 2950 Lake Emma Rd Suite 2020

(Address)

### Lake Mary, FI 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

# Timothy J. Kaltenbach

,321 \377-0077

(Name of Contact Person)

(Area Code & Daytime Telephone Number

Enclosed please find a check made payable to the Florida Department of State for:

S25 Filing Fee

S55 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

ohoren Florida 27301

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#### FLORIDA DEPARTMENT OF STATE-DIVISION OF CORPORATIONS

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

|                                 | limited liability company as indiwide Resort Exchange           | * *                        | of the Florida Dep | artment |
|---------------------------------|---|----------------------------|--------------------|---------|
| 2. This limited liab            | nitity company was organized                                    | under the laws of:         |                    |         |
| 3. The Florida doc<br>L12000110 | ument/registration number of<br>591                             | this limited liability con | npany is:          |         |
| 4. I, Todd Kalte                | nbach   | , hereby resign as a       | Member             | G.      |
|                                 | ionse of Person Resigning)                                      |                            | (Principale)       | \$ 1    |
| resignation in w                | bility company and affirm the iting.  igning Member, Managing M |                            | المارين            | Of my   |
| Filing Fee:                     | \$25.00 (Required)  |                            |                    |         |