

L150000 18579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

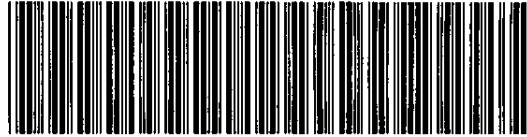
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/16/15--01036--013 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 16 PM 3:05

MAR 19 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holiday Vacation Club LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RAINA NUGENT
(Contact Person)

HOLIDAY VACATION CLUB
(Firm/Company)

3221 NW 10TH TERRACE, SUITE 508
(Address)

FORT LAUDERDALE, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

RAINA NUGENT at (305) 340-1312
(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



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 16 PM 3:05

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Holiday Vacation Club LLC

2. The Florida document/registration number assigned to this limited liability company is:

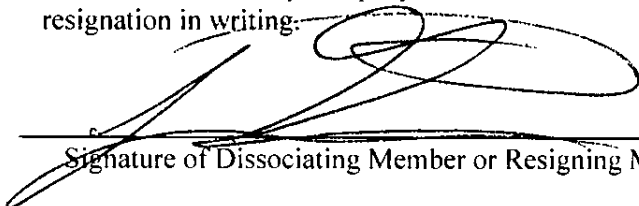
L150000185179

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/09/15

4. I, Jerome Gibson Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBA
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing:


Signature of Dissociating Member or Resigning Manager

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