

L17000

1910

855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400334355834

10/17/2019 11:44:12 AM \$25.00

2019 OCT 17 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SULKER

NOV 05 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RESORT OPTIONS INTERNATIONAL 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:

JOURDAN BAPTISTE

(Contact Person)

RESORT OPTIONS INTERNATIONAL LLC

(Firm/Company)

1320 N SEMORAN BLVD #215

(Address)

ORLANDO FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

JOURDAN BAPTISTE

(Name of Contact Person)

at ( 240 ) 755-4811

(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



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: RESORT OPTIONS INTERNATIONAL LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000190855

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, COLIN ASINARI, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

**FILED**  
2018 OCT 17 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)