

2/21/2018

From Larson Accounting 1.321.888.4919 Wed Feb 21 09:18:42 2018 MST Page 1 of 3

Division of Corporations

L1700246987

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

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18 FEB 21 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: consulting@larsonacc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
QUALITY VACATION HOMES LLC**

Certificate of Status	0
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUALITY VACATION HOMES 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:

CAROLINE LARSON

(Contact Person)

LARSON ACCOUNTING AND CONSULTING SVS.

(Firm/Company)

7901 KINGSPONTE PKWY STE 17

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

RODRIGO MOREIRA

(Name of Contact Person)

407

785-7479

at (

) (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)

FILED  
18 FEB 21 10 08 33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: QUALITY VACATION HOMES LLC
2. The Florida document/registration number assigned to this limited liability company is: L17000246987
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/20/2018
4. I, FILEMON GALVAO LOPES, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MEMBER  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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