Florida Department of State

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Fax Number : (850)617-6383

From:

Account Name

: SUSAN M. BUDOWSKI

Account Number : 120020000082

Phone

: (407)590-7565

Fax Number

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Sean on times hareaide, con

LLC REGISTERED AGENT RESIGNATION TIMESHARE ADVOCACY INTERNATIONAL, LLC

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REGISTRATION SECTION

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2010-06-28 19:03:61 (GIBUDOWSKI LAW GROUP From: BUDOWSKI LAW GROUP, PLLC

HIOOOOSO3643

TO: Amendment Section Division of Corporations

SUBJECT:	Timeshare A	dvocacy	/ Interna	tional, LLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DOCUMENT NUM		M10000001801			
The enclosed Resign for filing.	ation of Registered A	gent for a	Limited Li	ability Company	and fee are submitted
Please return all corr	espondence concerni	ng this ma	tier to the f	following:	
	Sean Austin Name of Person				
Timeshare N	Advocacy Internation	onal, LLC			
1	05 Marehall Green Address	·	,,,,,,,		
God Ci	odlettsville, TN 3703 ity/State and Zip Code	72	•		
E-mail address: (to	@timesharealde.c be used for future annua	om I report noti	ication)		
For further informati	ion concerning this n	atter, plea	se call:		
Sear Name	n Austin e of Person	at (615) rea Code &	420-6923 Daytime Telephone	Number
Enclosed is a check liability company or limited liability com	made payable to the \$25.00 for an admin pany.	Florida De istratively	partment o dissolved,	f State for \$85.00 voluntarily dissol	for an active limited ved or withdrawn

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To: (Div of Corp) Page 3 of 3

2010-08-28 19:03:51 (GIBUDOWSKI LAW GROUP From: BUDOWSKI LAW GROUP, PLLC

H1000001503643

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,						
Susan M. Budowski, hereby resigns as		as				
N	ane of Registered Agent					
Registered Agent for	Agent for Timeshare Advocacy International, LLC					
	Name of Cimited Liability Co.	прапу	•			
M100000	01801		·			
Document Numb	er, if known					
A copy of this resignation	was mailed to the above listed lim	rited liability company at its l	ast known address.			
The agency is terminated a	and the office discontinued on the	31st day after the date on wh	ich this statement is filed.			
·	Susan M. Bris	down				
If signing on behalf of an e	entity:	:				
			11 20			
	Typed or Printed N	ame	Property in the second			
· · · · · · · · · · · · · · · · · · ·	Capacity		ZOID JUH 28 P			
			m~ (1)			
	filing fees:		e. Flo			
	\$ 85.00 Active limit \$ 25.00 Administration	ted liability company tively dissolved/ voluntarily o	dissolved 2			

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P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)