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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 4 CORNERS VACATIONS INC. (Name of Corporation) DOCUMENT NUMBER: POIO 000 85135
DOCUMENT NUMBER: P01000085135
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD J. BURKE (Name of Person)
LI CORNERS VACATIONS INC (Name of Firm/Company)
15714 AUTUMN GLEN AUE. (Address)
CLERMONT FL 347113 (City/State and Zip Code)
For further information concerning this matter, please call:
RCHARD J. BULKE at (352) 242 4444 (Name of Person) at (352) 242 4444 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



December 13, 2005

RICHARD J. BURKE 4 CORNERS VACATIONS, INC. 15714 AUTUM GLEN AVE. CLERMONT, FL

SUBJECT: 4 CORNERS VACATIONS, INC. Ref. Number: P01000085135

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 405A00071600

Thelma Lewis Document Specialist Supervisor

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I,	RICHARD	J. 7	BURKE	, hereby resign as	DIRECTOR
					(Title)
of	4	COR	NERS	VACATIONS	INC
(Name of Corporation)					
P01000 85135, a corporation organized under the laws of the State of					
(Document Number, if known)					
	FLORIDA	<u>4</u>	*		

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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