P0200061507

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
,	•
(Document Number)
·	
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	1
	ĺ
	-
	[
	Ì

Office Use Only



400042989454

12/13/04--01015--029 **35.00

OF DEC 13 PH 3: 11
SECRETARY OF STATE

na 12-12

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Celebration Vacation,	Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P02000	0061507
The enclosed Resignation of Register	red Agent for a Corporation and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
Catherine Buhaly Ibold	
(Name of Person	n)
Railey & Harding, P.A.	
(Name of Firm/Com	npany)
20 North Eola Drive	
(Address)	
Orlando, FL 32801	
(City/State and Zip	Code)
For further information concerning th	nis matter, please call:
Catherine Buhaly Ibold	at (407) 648-9119 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively diss	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 61 617.1509,	
Florida Statutes, the undersigned, Catherine Buhaly Ibold	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Celebration Vacation, Inc.	
(Name of Corporation)	
P02000061507	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
Carl Day E	1
(Signature of Resigning Agent)	
If signing on behalf of an entity:	1
The state of the s	-
(Typed or Printed Name)	
(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314