P04000055661

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
•	,	,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
`	,	
<u>(Do</u>	cument Number)	
(50	cament Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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My Du Resign

08 MAY -5 PN E2 46

COVER LETTER

SUBJECT: FDEN VACATION RENTALS INC.
(Name of Corporation)
DOCUMENT NUMBER: PO 4000 55661
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOHN EDEN (Name of Person)
(**************************************
(Name of Firm/Company)
161, WINDWARD DRIVE (Address)
OSPRE TL 3H229 (City/State and Zip Code)
For further information concerning this matter, please call:
TOHN EDEN at (94) 918 - 1902 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

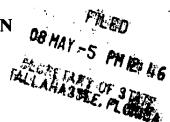
TO:

Amendment Section **Division of Corporations**

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	JOH	N	EDEN	, hereby resig	n asC	FFICER (Title)	
of_ <u>PO</u>	H0005	 56'		RENTALS Corporation) a corporation organize	ed under the	laws of the State	
	FLORIS	AC	<u> </u>	Effective	Date	HAY 51	1 2008
			(Sign	ature 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