P0500/46547

(Re	questor's Name)	·····
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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1-9-

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: RESORT MANAGEME	(Name of Corporation)
D05000	• /
DOCUMENT NUMBER: P05000	0146547
The enclosed Officer/Director Resigna	tion for a Corporation and fee are submitted for filing
Please return all correspondence conce	erning this matter to the following:
GREGORY L. WINQUIST	
(Name of Person))
RESORT MANAGEMENT AGEN	CY, INC.
(Name of Firm/Comp	any)
400 S ATLANTIC AVE, #105	
(Address)	
ORMOND BEACH, FL 32176	
(City/State and Zip C	ode)
For further information concerning this	s matter, please call:
GREGORY L WINQUIST	at (386) 672-6430 x302 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made p	ayable to the Florida Department of State.
Amendment Section A Division of Corporations C Clifton Building F	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Callahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. DIANE MORGAN	, hereby resign as DIRECTOR		
		(Title)	
of RESORT MANAGEMENT AG	ENCY, INC. of Corporation)	,	
P05000146547 (Document Number, if known)	_, a corporation organized under the laws of t	he State of	
FLORIDA	Signatule of resigning officer/director)	2008 JAN -7 PM I: I SECRETARY OF STATE TALLAHASSEE. FLORIC	

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