## P06000149864

(Requestor'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
Special Instructions to	Filing Officer:	
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Special Instructions to Filing Officer:		



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SECRETARY OF STATE

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Olicar Rosignation

Office Use Only

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUE	BJECT: RESORT DESTINATIONS INC
	(Name of Corporation)
DO	CUMENT NUMBER: P06000149864
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
RE	BECCA TICE
	(Name of Person)
RE	SORT DESTINAIONS INC
	(Name of Firm/Company)
650	04 THOMAS DR
	(Address)
PA	NAMA CITY BEACH, FL 32408
	(City/State and Zip Code)
For i	further information concerning this matter, please call:
R	(Name of Person) at (850) 2.36-1222 (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clift 2661	et Address: Endment Section Sion of Corporations On Building Executive Center Circle whassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



LOYCE WINKLER	, hereby resign as SECRETARY
**	(Title)
of RESORT DESTINATIONS INC.	
(Name of Co	prporation)
P06000149864 , a (Document Number, if known)	corporation organized under the laws of the State of
FLORIDA	

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