POS 0000 89194

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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07/22/16--01012--029 **35.00

SECRETARY OF STATE.

AUG 0 1 2016

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

VACATION RESORTS DEVELOPMENT, INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000089194

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIAN RAMIREZ

(Name of Person)

VACATION RESORTS DEVELOPMENT, INC

(Name of Firm/Company)

3501 INVERRARY BLVD.

(Address)

LAUDERHILL, FLORIDA 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIAN RAMIREZ

_, 954

7099144

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, EMILIO BERZOSA	PENA , hereby	resign as VICE-PRESIDENT
,		(Title)
of VACATION RESC	RTS DEVE	ELOPMENT, INC.
•	ne of Corporation)	
P08000089194	, a corporation organized under the laws of the State of	
(Document Number, if known)	, a corporation of	gamzed under the laws of the State of
FLORIDA		
	(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