

PO9000089839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2010 FEB - 8 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

FEB - 8 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA BEST VACATION CLUB INC.
(Name of Corporation)

DOCUMENT NUMBER: PO9 0000089839

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

Please return all correspondence concerning this matter to the following:

PATRICIA CHIARA
(Name of Person)

FLORIDA BEST VACATION CLUB INC.
(Name of Firm/Company)

16400 COLLINS AVE # 1743
(Address)

SUNNY ISLE FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA CHIARA at (305) 244-7856
(Name of Person) (Area Code & Daytime Telephone Number)

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

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**

FILED
2010 FEB -8 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, PATRICIA CHIARA, hereby resign as VP.

(Title)

of FLORIDA BEST VACATION CLUB INC.,
(Name of Corporation)

709000089839, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Phua
(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

L Olivera
NOTARY PUBLIC
STATE OF FLORIDA
LISSETTE OLIVERA
MY COMMISSION # DD 898666
EXPIRES: June 14, 2013
Bonded Thru Budget Notary Services

Presented to:
X CLOO-689-56-788-0