

P100000035030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

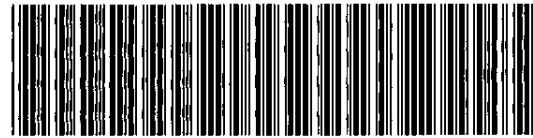
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OD/Res.  
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10

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

IRENE ALBRITTON  
FEE WAS PAID FOR DISSOLUTION  
THIS IS CORRECTION FOR PRESIDENT TO RESIGN  
RESIGNATION RESIGN

SUBJECT: Fractional Ownership Liquidators Inc  
(Name of Corporation)

DOCUMENT NUMBER: P1000035036

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

Please return all correspondence concerning this matter to the following:

Ryan Redding  
(Name of Person)

Fractional Ownership Liquidators  
(Name of Firm/Company)

22269 SW 66 AVE 1802  
(Address)

Boca Raton FL 33428  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Ryan Redding at (561) 346-3947  
(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**

I, <sup>A</sup>Ryan Redding, hereby resign as President  
(Title)

of Fractional Ownership Liquidators,  
(Name of Corporation)

P10000035086, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA  
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**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