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R. Sterry 17720 Maple Gre C. C. Hells, Il. 60478

CR2E031(7/97)

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Examiner's Initials

CORPORATION NAME(S) & DOCU	Office Use Only MENT NUMBER(S), (if known):	
1. (Corporation Name)	(Document #)	
2. (Corporation Name)	99 OCT -7 SECRETARY ALLAHASSE (Document #)	
3. (Corporation Name) 4.	STATE LORID	
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A, Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

10-6-99

Florida Statutes, the undersigned, (Name of registered agent)
hereby resigns as Registered Agent for Splandid Blorida Vacations INC. (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of resigning agent)
If signing on behalf of an entity:
COBERT H. TOBORG ARE SCI
PRESIDENT - ST & Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314