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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPAN

Account Number : 120000000195 Phone : (850)521-1000

Fax Number : (850)558-1575

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

DISSOLUTION OR WITHDRAWAL

VACATION BREAK WELCOME CENTERS, INC.

RECEIVED SOCT -5 AM 8: 00

Certificate of Status	0
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Page Count	03
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Help

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06 OCT -5 AM 10: 03

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation ston:	bmits the following a	rticles
first:	The name of the corporation as currently filed with the Florida D	epartment of State:	
	Vacation Break Welcome Centers, Inc		
SECOND:	The document number of the corporation (if known): P950000754	75	_
THIRD:	The date dissolution was authorized: September 1, 2006		
	Effective date of dissolution if applicable; upon filing (no more than 90 days	ifier dissolution file date)	_
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number o was sufficient for approval.	f votes cast for disso	ution
	Dissolution was approved by of the shareholders through vot	ug groups.	
	The following statement must be separately provided for each vo to vote separately on the plan to dissolve:	ing group entitled	
	The number of votes cast for dissolution was sufficient for approv	al by	
	(voting group)	,	
s	Signature: (By a director, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, related, or other court appointed that fiduciary)	selected, by fiduciary, by	
1	Maria A. Lijoi		
•	(Typed or printed mane of person signing)		
<u>.</u>	Assistant Secretary		
•	(Title of person signing)		

Filing Fee: \$35

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Notice of Corporate Dissolution

	•
This notice is submitted by the dissolved corporation named below for resolution of paying against this corporation as provided in s. 607.1407, F.S	nent of unknown claims
This "Notice of Corporate Dissolution" is optional and is not required when filing a volu	intary dissolution.
Name of Corporation: Vacation Break Welcome Centers, Inc	
Date of dissolution will be the date the dissolution is filed with the Department of State of specified in the Articles of Dissolution.	T DS
Description of information that must be included in a claim:	
Name of Company/Individual making claim	·
Brief description of nature of claim	
Amount of Claim	
Specific contact information (name, address, phone r	number)
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corp Evelyn Verdon	porations)
Wyndham Worldwide Corporation	
I Compus Drive	· .
Parsippany, New Jersey 07054	
A claim against the above named corporation will be barred unless a proceeding to enforce within 4 years after the filing of this notice.	e the claim is commenced
Marin A Lijoi Printed Name of the Person Filing Marin A Lijoi Printed Name of the Person Filing	e Person Filing
The sky was it is always and with Authors of Discolution. If filed comes	

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