## P97000007993

(Requestor's Name)		
(Address)		
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(Address)		
•		
(City/State/Zip/Ph	one #)	
PICK-UP WAIT	MAIL	
(0)		
(Business Entity N	lame)	
(Document Number)		
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUB.	BJECT: Timeshare Resales USA, Inc.	
	(Name of Corporation)	
DOC	CUMENT NUMBER: <u>79100000 7993</u>	
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for	or filing
Pleas	se return all correspondence concerning this matter to the following:	
Car	role Levene	
•	(Name of Person)	
Tim	neshare Resales USA, Inc.	
	(Name of Firm/Company)	
764	49 Mt. Carmel Drive	
	(Address)	
Orla	lando, FL 32835	
	(City/State and Zip Code)	
For f	further information concerning this matter, please call:	
Card	role Levene at ( 407 ) 521-2161  (Name of Person) (Area Code & Daytime Telephone No	
	(Name of Person) (Area Code & Daytime Telephone N	umber)
Enclo	losed is a check for \$35.00 made payable to the Florida Department of State.	
Ame Divis Clifto 2661	mailing Address: Endment Section Sicon of Corporations Ston Building Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

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SOBJETERSS TIMESHERE KES

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

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SELING TARRY OF STATE
FALLAHASSEE, FLORIDA

Robert E. Levene	, hereby resign as	Director, VPD	
7		(Title)	
of Timeshere Resales USA, Inc	<b>G.</b>		
(Na	ne of Corporation)		
P97000007993 (Document Munber, if known)	a corporation organized under	the laws of the State of	
Florida			

Holed E. Lu. (Signature of realigning 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