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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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08/25/08--01039--001 **35.00

OF STATE RESIGN

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUB	JECT: Almond Reservation Services, Inc.				
~~~	(Name of Corporation)				
DOG	DOCUMENT NUMBER: P01000053208				
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Pleas	se return all correspondence concerning this matter to the following:				
Pat	ricia L. Jarosz				
	(Name of Person)				
Alm	nond Reservations Services, Inc.				
	(Name of Firm/Company)				
331	15 Maggie Blvd. Suite 1000				
	(Address)				
Orl	ando, FL 32811				
	(City/State and Zip Code)				
For f	further information concerning this matter, please call:				
Pati	ricia L. Jarosz  at ( 407 ) 872-2220 x135  (Name of Person) (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area Code & Daytime Telephone Number)				
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.				
Ame Divis Clift 2661	et Address: Indian Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314				

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	(Title)
of Almond Reservations Services, Inc	,
of Name of Cor	
P01000053208 , a c	corporation organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to Florida Department of State and mail to Florida Department Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 ECRETARY OF STATE