521422

(Re	questor's Name)	
(Ad	dress)	
/ \ d	dress)	
(Au	uless)	
(Cit	y/State/Zip/Phone	e #)
PłCK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(20	omeda Emily Mar	110)
(Do	cument Number)	•
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SALI AHASSEE, FIRBIN,

900 1/2 m

COVER LETTER

	Amendment Section Division of Corporati	ons
SUBJE	CT: Holiday on Wi	neels Inc
		(Name of Corporation)
DOCU	MENT NUMBER:_	521422
The enc	losed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing
Please r	eturn all corresponde	nce concerning this matter to the following:
Saleei	m N Abdo	
	(Name	of Person)
Holida	y on Wheels Inc	•
	(Name of F	irm/Company)
4100 N	W 23rd Street	•
-	(Ad	dress)
Panan	na City Fl 32405	
	(City/State	and Zip Code)
For furtl	her information conce	erning this matter, please call:
Saleen	n N Abdo	at (850) 785 1566 (Area Code & Daytime Telephone Number)
	(Name of Person	on) (Area Code & Daytime Telephone Number)
Enclose	d is a check for \$35.0	0 made payable to the Florida Department of State.
Amenda Division Clifton I 2661 Ex	address: nent Section of Corporations Building ecutive Center Circle see, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Gina Y Ahlberg	hereby resign as Secretary
of Holiday on Wheels,Inc .	(Title)
OI	e of Corporation)
(Document Number, if known) Florida	, a corporation organized under the laws of the State of OBOEC - 5 PM 1: 21 (Signature of resigning 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