## 521422

(Requestor's Name)				
(Address)				
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(,				
(City/State/Zip/Phone #)				
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officer Resignation

## **COVER LETTER**

	Amendment Section Division of Corporation	ns		
SUBJE	CT: Holiday on Whe	els, Inc		
		•	of Corpora	tion)
DOCUI	MENT NUMBER:	521422 		
The enc	losed Officer/Director	Resignation for a Co	rporation	and fee are submitted for filing
Please r	eturn all corresponden	ce concerning this ma	itter to the	e following:
Salee	m N Abdo			
**************************************	(Name o	f Person)		
Holida	y on Wheels Inc			
	(Name of Fir	m/Company)		
4100 \	W 23rd Street			
	(Add	ress)		
Panar	ma City Fl 32405			
	(City/State a	nd Zip Code)		
For furt	her information concer	ning this matter, plea	se call:	
Saleen	n N Abdo	at (	850	785 1566 & Daytime Telephone Number)
	(Name of Person	1) (/	Area Code	& Daytime Telephone Number)
Enclose	ed is a check for \$35.00	made payable to the	Florida D	Department of State.
Amenda Division Clifton	Address: ment Section n of Corporations Building recutive Center Circle ssee, FL 32301	Mailing Adds Amendment S Division of Co Post Office Bo Tallahassee, F	Section orporation ox 6327	S

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. Diane G Meadows	, hereby resign as AS		
	(Title)		
of Holiday on Wheels, Inc.			
(Nar	ne of Corporation)		
(Document Number, if known)	, a corporation organized under the laws of the State of		
Florida	·		
4			
Du	(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