836014

(Requ	uestor's Name)	
(Addi	ess)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500106463005

08/10/07--01047--009 (**175.00

Of Di Perigu

FILED

07 AUG 10 AM ID: 52

T. Reberts Alla 16 2001

COVER LETTER

Amendment Section Division of Corporations

TO:

Windiammar Barofoo	t Cruises I td
SUBJECT: Windjammer Barefoo	(Name of Corporation)
DOCUMENT NUMBER: 83601	4
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
Iris Mayaudon	
(Name of Person	n) :
Windjammer Barefoot Cruises, It	d.
(Name of Firm/Com	pany)
1759 Bay Road	
(Address)	4
Miami Beach, Florida 33139	
(City/State and Zip	Code)
For further information concerning th	is matter, please call:
Iris Mayaudon	at (305) 582-2500
(Name of Person)	at (305) 582-2500 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Amendment Section Division of Corporations	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Iris Mayaudon	hereby resign as Chief Financial Office (Title)
of Windjammer Barefoot Cruises	S Limited
(Name	e of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
<i>A:</i> -	Mustagles C70-

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