## : 659739

•
(Requestor's Name)
(Address)
(Address)
Ç,
(City/State/Zip/Phone #)
(Only Gallet Liph Frome #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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DIVISION OF CORPORATIONS

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

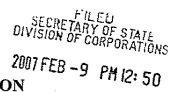
UBJECT: BLUEUATEN-BLUESKY TRAVEL, IN (Name of Corporation)	10
OCUMENT NUMBER:	<del></del> .
he enclosed Officer/Director Resignation for a Corporation and fee are submitted for fi	iling
lease return all correspondence concerning this matter to the following:	
NICHOVAY RUSSO (Name of Person)	
·	
(Name of Firm/Company)	
100 E. Old Country Rd. Svitell (Address)	
MINIEOLA, NY 11501 (City/State and Zip Code)	
or further information concerning this matter, please call:	
NICHOLAL AUSO at (576) 877-0800 (Name of Person) (Area Code & Daytime Telephone Numb	er)
aclosed is a check for \$35.00 made payable to the Florida Department of State.	

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

[,	NICHOLAS RUSSO, hereby resign as COSP DEFICIED (Title)
of	BLUTE WATER BLRIESEY TRAVEZ, INC. (Name of Corporation)
	(Document Number, if known), a corporation organized under the laws of the State of
	FIORIOA
•	
	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