

POZ 000023875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800109940878

*Off Design
Therap*

10/01/07--01016--006 **35.00

FILED
2007 OCT -1 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Haverkamp Travel Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000023875

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David W. Haverkamp
(Name of Person)

Haverkamp Travel Services, Inc.
(Name of Firm/Company)

3936 Andover Cay Blvd.
(Address)

Orlando, FL 32825
(City/State and Zip Code)

For further information concerning this matter, please call:

David W. Haverkamp at (407) 948-1429
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

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

Mailing Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2007 OCT -1 PM 4:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Lynda Elaine Haverkamp, hereby resign as Vice President
(Title)

of Haverkamp Travel Services, Inc.
(Name of Corporation)

P02000023875, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Lynda E Haverkamp
(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