P03000026839

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

Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sungil Travel Tours The (Name of Corporation)
DOCUMENT NUMBER: <u>6030000 26839</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
100 Aughin Done South # 202 (Address)
Naples, Florida 3410.4 (City/State and Zip Code)
For further information concerning this matter, please call:
Wallace J Hilliard at (239) 403-8312 (Name of Person) (Area Code & Daytime Telephone Number)

Amendment Section

Mailing Address:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Amendment Section

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Leu Morrison	, hereby resign as	Secrotury (Title)
of Sanote Travel	The of Corporation)	,
PO30000 L 6839 (Document Number, if known)	, a corporation organized und	er the laws of the State of
Florida	<u></u> .	

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