## P43000048316

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	***************************************
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## TRANSMITTAL LETTER

SUBJECT: ARVBA AIRWAY TAC (Name of Corporation)
DOCUMENT NUMBER: P93000 483/6
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARIE C. BAKKER (Name of Person)
A 2 U B A A 1 R WAY TWC (Name of Firm/Company)
5525 N.W. 15 m Ave Sure 302 (Address)
FT. CAUDERDALE FL 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
ARIE C. BAKKER at (772) 713-3620 (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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Amendment Section** 

**Division of Corporations** 

TO:

## OFFICER / DIRECTOR RESIGNATION FILED

04 OCT 21 PM 5: 33

1 - 0	SECRETARY OF STATE TALLAHASSEE, FLORIDA
I, ARIE C. BAKKER, hereby resign as	DIRECTOR (Title)
of ARUBA AIRWAY INC (Name of Corporation)	
(Name of Corporation)  P936009483/6 , a corporation organized un (Document Number, if known)	nder the laws of the State of
Y-LORIDA.	
(Signature of resigning officer/direct	tor)

## 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