(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
•	- · ··	

Office Use Only



800096019748

·

04/09/07--01016--005 **35.00

07 APR -9 PM 2:51

COVER LETTER

SUBJECT: Summers Travel Inc.

(Name of Corporation)

DOCUMENT NUMBER: P0400085259

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

c/o Juan D. Berrio, Esq.

(Name of Person)

Berrio & Berrio, P.A.

(Name of Firm/Company)

2828 Coral Way, Suite 304

(Address)

Miami, Florida 33145

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

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

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

Juan D. Berrio, Esq.

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

(Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I.	Ernesto Millian	, hereby resign as	hereby resign as President	
-,		, notes y resign us	(Title)	
of	Summers Travel Inc.			
_	(1	Name of Corporation)	,	
	PO 4000 8525 9 (Document Number, if known)	, a corporation organized und	er the laws of the State of	
Flo	orida			
		(Signature of resigning officer/directo	07 APR -9 PM 2:51 SECRETARY OF STATE TALLAHASSEE. FLORIG	

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