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TRANSMITTAL LETTER

Division of Corporations SUBJECT: CF VACATIONS, INC. (Name of Corporation) P04000150229 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carla Castillejo (Name of Person) CF Vacations, Inc. (Name of Firm/Company) 7891 WEST FLAGLER STREET, #378 (Address) MIAMI, FL 33144 (City/State and Zip Code) For further information concerning this matter, please call: **BLANCA BARKER** (Area Code & Daytime Telephone Number) (Name of Person) 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 Mailing Address: Amendment Section **Division of Corporations**

Tallahassee, FL 32399

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

- . Hi.

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314