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TO:	Amendment Section Division of Corporations
SUBJ	JECT: Conch Vacation, Inc. (Name of Corporation)
DOC	UMENT NUMBER: P05000102191
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Er	ica N. Hughes. Esq. (Name of Person)
Sp	(Name of Firm/Company)
50	O Fleming Street (Address)
Ke	y West, FL 33040 (City/State and Zip Code)
For fu	orther information concerning this matter, please call:
<u>Er</u>	ica N. Hughes at (305) 294-9556 ext 22 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661 1	Mailing Address: Idment Section Ion of Corporations In Building Executive Center Circle Inassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION OF 19
FOR A CORPORATION SECRETARY OF STATE ORIDA

, <u>Christopher A. Dail</u>	, hereby resign as	President
		(Title)
of		
of <u>Conch Vacation, Inc.</u> (Name of C	orporation)	<u> </u>
	•	
P05000102191 .a	corporation organized u	nder the laws of the State of
(Document Number, if known)		
_Florida	<u>-</u> .	-

(Signature of resigning officer/director)
Christopher A. Dail

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