

PO8000079879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

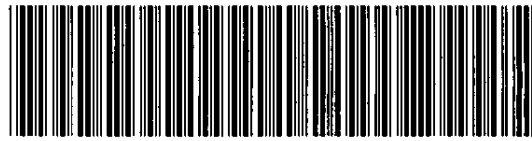
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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100149856091

*Resignation
of Officer*

04/15/09--01011--020 **35.00

FILED

2009 APR 15 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASR
4/16/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DREAM VACATION MANAGEMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000079879

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADOLFO SEMINO

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

ADOLFO SEMINO

(Name of Person)

at ()

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

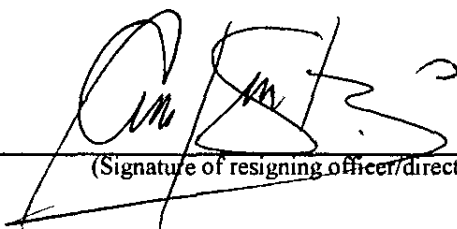
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2009 APR 15 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ADOLFO SEMINO, hereby resign as VP
(Title)

of DREAM VACATION MANAGEMENT, INC.
(Name of Corporation)

P08000079879, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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