0000086205

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Sacinosa Entry Marile)		
(Document Number)		
(Cooling Namuel)		
Certified Copies Certificates of Status		
Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



400244557724

02/22/13--01011--022 **35.00

M/Did legge

FEB 2 6 2013 T. ROBERTS

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT: FIREFLY TRAVEL CORP. (Name of Corporation)
DOC	UMENT NUMBER: P10000086205
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:
EN	(Name of Person)
	(Name of Firm/Company)
79	56 LAROSE CT. (Address)
LA	KE WORTH, FL. 33467 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
EN	IRICO MAROTTA (Name of Person) at (561) (Area Code & Daytime Telephone Number)
Enclo	osed 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

CR2E044 (03/12)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} ENRICO MAROTTA	, hereby resign as PRESIDENT		
	(Title)		
of FIREFLY TRAVEL CORP.			
(Name of Corporation	on)		
P1000086205 (Document Number, if known)	ration organized under the laws of the State of		
FLORIDA			

ure of resigning officer/director)

STED 22 PHILOSO

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