° P12000036863

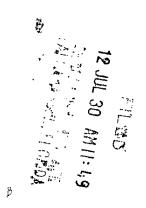
(Re	questor's Name)			
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:	Amendment Section Division of Corporations						
SUB.	San Felipe Siesta			tion)			
DOC	(Name of Corporation) P12000036863 DOCUMENT NUMBER:						
The e	enclosed Officer/Director Re	esignation for	a Corporation	and fee are submitted for filing			
Pleas	e return all correspondence	concerning th	is matter to the	e following:			
Cliff	ord W Baker						
	(Name of I	'erson)	<u> </u>				
San	Felipe Siesta Vacation F	Rentals Inc					
	(Name of Firm	/Company)					
Po	Box 9011 PMB 1087						
	(Addre	ss)					
Cal	exico, CA 92232						
	(City/State and	Zip Code)					
For	nrther information concerni	ng this matter	, please call:				
Cliffe	ord W Baker	ş	512	965-3424			
	(Name of Person)	······································	(Area Code	& Daytime Telephone Number)			
Enclo	osed is a check for \$35.00 n	ade payable t	o the Florida I	Department of State.			
Amer Divis Clifto 2661	et Address: Indment Section Indication of Corporations In Building Executive Center Circle Indication of Section 1988 Indicate the section section 1988 In	Amendm Division Post Offi	Address: nent Section of Corporation ice Box 6327 see, FL 32314	ns			

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

San Felipe Siesta Vacation Renta		(1910)
of(Name of C		
P12000036863 (Document Number, if known)	corporation organized under	the laws of the State of
Florida		12 JUL 30
	where Buller (ature of resigning officer/director)	17 11: 49 18 C

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