

P95000055015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

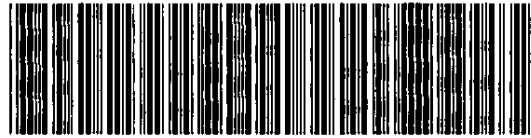
(Business Entity Name)

(Document Number)

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900181596749

*Resignation  
of officer*

06/04/10--01021--029 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN -4 AM 8:49

FILED

*OK  
6/8/10*

6-1-10

①

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** B.I.R.D. TRAVEL AGENCY INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000055015

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

Please return all correspondence concerning this matter to the following:

CLAIR M. JONES  
(Name of Person)

B.I.R.D. TRAVEL AGENCY INC  
(Name of Firm/Company)

2200 US HWY 19  
(Address)

Holiday FL 34691  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Ralston at (727) 375-5060  
(Name of Person) (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

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**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

2010 JUN -4 AM 8:49


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, CLAIR M. JONES, hereby resign as Vice President  
(Title)

of B.I.R.D TRAVEL AGENCY INC.  
(Name of Corporation)

P95000055015, 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