

P96600031854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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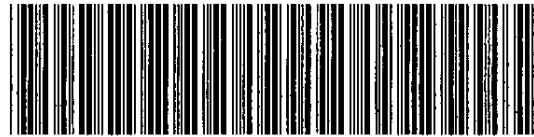
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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OP

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Liebt way Tours Service  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000031854

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

Please return all correspondence concerning this matter to the following:

Cortes Jose M  
(Name of Person)

Liebt way Tours Service  
(Name of Firm/Company)

5727 NW 7th St #113  
(Address)

Miami FL 33126 US  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cortes Jose M at ( 786 ) 999-4020  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Paulo Ramirez, hereby resign as VPD  
(Title)

of Liebt way tours Services Inc  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

 7-26-08  
(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

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