

P99000053783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

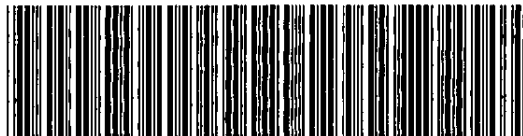
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400161745484

10/22/09--01034--005 **35.00

FILED
09 OCT 22 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

D. CORRELL OCT 26 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TravelWise 2020 Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000053783

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

Please return all correspondence concerning this matter to the following:

Anjum Contractor

(Name of Person)

Travelwise 2020, Inc.

(Name of Firm/Company)

7207 NW 12th Street

(Address)

Miami, Fl. 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Anjum Contractor

(Name of Person)

at (305) 592-3343

(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:

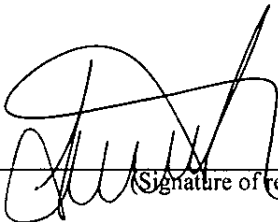
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Rosa Contractor, hereby resign as Director
(Title)

of Travelwise 2020, Inc.
(Name of Corporation)

P99000053783, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 22 PM 2:55

FILED

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