P99000066405

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | <u>.</u> |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) : |
| | ocument Number) | |
| | | |
| Certified Copies | _ Септсате | s or Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | · |
| : | | |

Office Use Only



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resignation

08/21/09--01011--001 **35.00

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AJR 8/25/09

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: carmel cruise and tour inc | |
|--|------------------|
| (Name of Corporation) | |
| DOCUMENT NUMBER: P99000066405 | |
| The enclosed Officer/Director Resignation for a Corporation and fee are subm | itted for filing |
| Please return all correspondence concerning this matter to the following: | |
| PINCHAS, SHARONA E | |
| (Name of Person) | |
| carmel cruise and tour inc | |
| (Name of Firm/Company) | |
| 5450 S STATE RD 7 FT LAUDERDALE FL 33314 | |
| (Address) | |
| | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| STEADLY, SHIFRA at (954) 792-4866 (Name of Person) (Area Code & Daytime Teleph | |
| (Name of Person) (Area Code & Daytime Teleph | one Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State | te. |
| 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

| PINCHAS, SHARONA E | , hereby resign as_ | prersident | 18 0 m | D. S |
|-----------------------------------|--|------------|---------|------|
| | ,e.eey .ee.g us_ | | (Title) | 7 |
| of Carmel cruise and tour II Inc. | | | | , |
| (Name of Corp | poration) | | | |
| P99000066405, a co | , 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