

S90564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

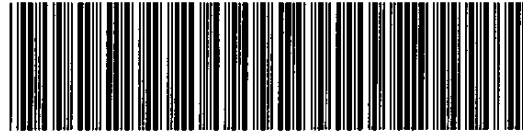
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Resign
Carm Murphy
12/31/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRAVEL WINGS, INC.
(Name of Corporation)

DOCUMENT NUMBER: S90564

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

Please return all correspondence concerning this matter to the following:

SILVIA QUINTAL

(Name of Person)

TRAVEL WINGS, INC.

(Name of Firm/Company)

1470 N.W. 107 Ave. Ste. "J" DORAL, FL. 33172

(Address)

DORAL, FLORIDA 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEKXEY SABIDO

305

926-8241

(Name of Person)

at ()

(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:

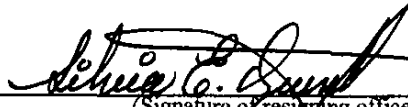
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SILVIA QUINTAL, hereby resign as VP - DIRECTOR
(Title)

of TRAVEL WINGS, INC.
(Name of Corporation)

S90564, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)
SILVIA QUINTAL

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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TALLAHASSEE, FLORIDA