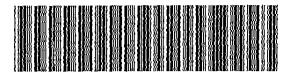
## V47066

(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:		

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Olo Resign.
VZ13/103

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Aviara Travel, Inc.	
		(Name of Corporation)
DOCI	UMENT NUMBER: V470	066
The en	nclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing.
Please	return all correspondence co	ncerning this matter to the following:
Robe	ert Todak	
	(Name of Pers	oon)
Avia	ra Travel, Inc.	
	(Name of Firm/Co	empany)
710	NE 72nd Terrace	
	(Address)	
Mian	ni, FL 33138	
	(City/State and Zip	p Code)
For fu	rther information concerning	this matter, please call:
Robe	rt Todak	at 305 799-4899
	(Name of Person)	at ( 305 ) 799-4899 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 mad	e payable to the Florida Department of State.
Ameno Division P.O. B	ng Address: dment Section on of Corporations lox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Martha Hampton	, hereby resign as VSD
	(Title)
of Aviara Travel, Inc.	
(Nan	ne of Corporation)
V47066 (Document Number, if known)	, a corporation organized under the laws of the State of
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