M8 CCCCCCIVI

(Requestor's Name)			
(requestor's reality)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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AND TO LEAR THE STATE AND STATE

6. TO A. HUNT

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: A.BA.A INC	(Name of Corpo	oration)			
P1800003	· · · · · · · · · · · · · · · · · · ·	oration)			
DOCUMENT NUMBER: P18000005					
The enclosed Officer/Director Resign	ation for a Corporation	on and fee are submitted	l for filing.		
Please return all correspondence conc	erning this matter to	the following:			
RAFAELA T SOSA					
(Name of Person	1)	_			
IBI ACCOUNTING SERVICES INC					
(Name of Firm/Com	pany)	_			
10544 NW 26TH ST STE E-202					
(Address)		_		·	
DORAL FL 33172			· :	22 ELL 194	
(City/State and Zip C	Code)	_		60 60	
For further information concerning th	is matter, please call:	:	S S C C C C C C C C C C C C C C C C C C	<u>I</u>	[]
RAFAELA T SOSA	786 at (219-6619	STAI FL	7: 1	
(Name of Person)	` (Area Co	de & Davtime Telephone	Number) 🗂	9	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ALEJANDRA ARIAS CASTRO	PRESIDENT, TREASURER, hereby resign as			
·	, hereby resign as (Title)			
A.B.A.A INC				
(Na	ne of Corporation)			
P18000056977	, a corporation organized under the laws of the State of			
(Document Number, if known)				
FLORIDA				
Alejai	(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