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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer		





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S. CHATHAM JUL 1 2 2023



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ACBION INTERNATIONAL SECULES INC (Name of Corporation) DOCUMENT NUMBER: F 940 000 035 50
DOCUMENT NUMBER: 1 1 10 000 0 35 50
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
AZBON TINTERNATIONAL SERVICES INC (Name of Firm/Company)
(Address) STE AUC
CORAZ SPRINGS FL 33065 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 992 3284 (Area Code & Daytime Telephone Number)

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

Mailing Address:

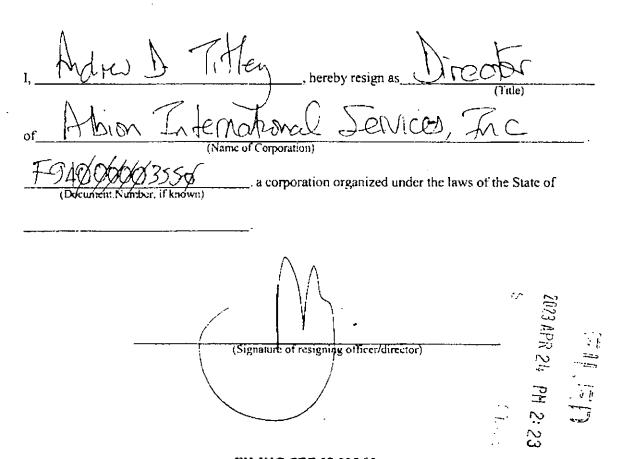
TO: Amendment Section

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



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