

P000000 85370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

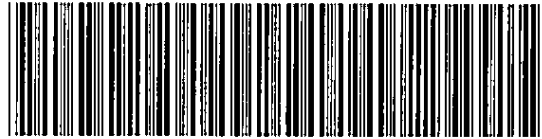
(Business Entity Name)

(Document Number)

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C. GOLDEN

AUG 13 2019

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABI Arbor Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000085370

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

Please return all correspondence concerning this matter to the following:

Sharon Cantanno

(Name of Person)

ABI Arbor inc

(Name of Firm/Company)

25 Pine Cone Drive Ste

(Address)

Palm Coast, FL 32164

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Cantanno at ( 386 ) 445-7701

(Name of Person)

(Area Code & Daytime Telephone Number)

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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Sharon Cantanno, hereby resign as Director  
(Title)

of ABI Arbor Inc  
(Name of Corporation)

P0000000085370, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

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**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**