

PO1000006560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

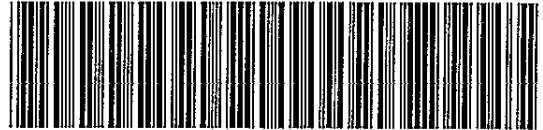
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500015759225

*Resignation of
Officer*

04/16/03--01072--002 **35.00

FILED
03 APR 16 PM 4:20
TALLAHASSEE, FL 32304

*ADR
4/12/03*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARALGO INC.

(Name of Corporation)

DOCUMENT NUMBER: P01000006560

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

Please return all correspondence concerning this matter to the following:

NICHOLAS CHIRIBOGA

(Name of Person)

ARALGO INC.

(Name of Firm/Company)

(Address)

TALLAHASSEE, FL.

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at ()
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

03 APR 16 PM 4: 20

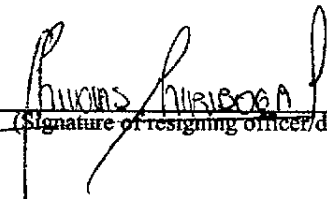
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, NICHOLAS CHIRIBOGA, hereby resign as GENERAL MANAGER
(Title)

of ARALGO INC.
(Name of Corporation)

P01000006560, a corporation organized under the laws of the State of
(Document Number, if known)

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