

P61000026204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

2-7-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARIB PROCESSING SERVICES INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000076204

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

Please return all correspondence concerning this matter to the following:

JOSEPH LAFORTUNE

(Name of Person)

(Name of Firm/Company)

12998 SW 33RD STREET

(Address)

MIRAMAR, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH LAFORTUNE

(Name of Person)

at ( 786 ) 295-6069

(Area Code & Daytime Telephone Number)

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ALINE LAFORTUNE, hereby resign as DIRECTOR  
(Title)

of CARIB PROCESSIONG SERVICES INC,  
(Name of Corporation)

P01000076204, 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**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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