## P02\_000028754

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
, (Bi	usiness Entity Nan	ne)
<u>, (D</u>	ocument Number)	
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SECRETARY OF STATE ONS

V Resign.
08/26/05
DC

08/22/05--01040--024 \*\*35.00

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Abi JO Enterprises, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO2000028754
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sandaa ORACA (Name of Person)
(Name of Firm/Company)
.127 Zinnia Auc (Address)
Metainie LA 70001 (City/State and Zip Code)
For further information concerning this matter, please call:
School Dared at (504) 885-7755. (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

I, JOSC PRENDES hereby resign as PRESIDENT	<u>+</u>	
of Abi Jo Enterprises Inc. (Name of Corporation)		,
PO200028759 a corporation organized under the laws of the S (Document Number, if known)	tate of	
Florida	Ş	<u> </u>
hila	05 AUG 22	SECRETARY OF O
(Signature of resigning officer/director)	M 10: 56	Y OF STA
	S.	TON:

## 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