

PO30000035514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

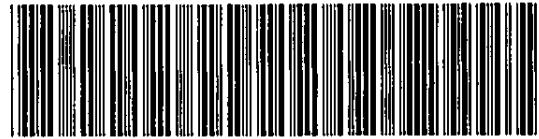
(Business Entity Name)

(Document Number)

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08/01/12--01029--002 **78.75

*Resignation
to officer*

FILED
2012 AUG - 1 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/2/12
DOOR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNALUNA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000035514

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

Please return all correspondence concerning this matter to the following:

IRMGARD ESTELRRICH

(Name of Person)

UNALUNA, INC.

(Name of Firm/Company)

6043 NW 45 AVENUE

(Address)

COCONUT CREEK, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

IRMGARD ESTELRRICH

(Name of Person)

at (786) 663 - 3922

(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**

FILED

2012 AUG -1 PM 1:48


SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, PAOLA LECOINTRE, hereby resign as DIRECTOR
(Title)

of UNALUNA, INC.
(Name of Corporation)

P03000035514, 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