

P03000130259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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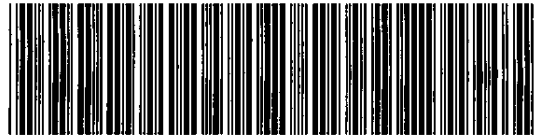
(Business Entity Name)

(Document Number)

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Mr. Lew King

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -3 AM 11:59

DEC 08 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALBOPORB, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 03000130259

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

Please return all correspondence concerning this matter to the following:

UNIDAD BONDAN
(Name of Person)

ALBOPORB, INC.
(Name of Firm/Company)

18012 CAMILLE DRIVE
(Address)

LUTZ, FL 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIUS-VINCENT REYES at (813) 843-2654
(Name of Person) (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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -3 AM 11:59

I, RAYNALD S. BONDAN, hereby resign as OFFICER & DIRECTOR
(Title)

of ALBOPORB, INC.
(Name of Corporation)

P 03000130259, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

 11/10/09
(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