

PO6000088870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

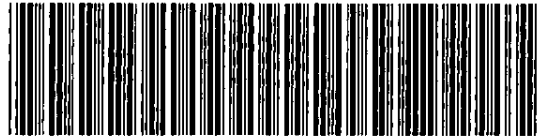
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

OCT 28 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CBA INV Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000088870

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

Please return all correspondence concerning this matter to the following:

Paul Ignuzi
(Name of Person)

CBA INV Inc
(Name of Firm/Company)

4525 SW Floral St
(Address)

Port St. Lucie FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Ignuzi at (813) 312-5201
(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**

I, Paul Ignuzi, hereby resign as Officer/Director
(Title)

of CBA INU Inc.
(Name of Corporation)

PO6000088870, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Paul Ignuzi
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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