

P08000025065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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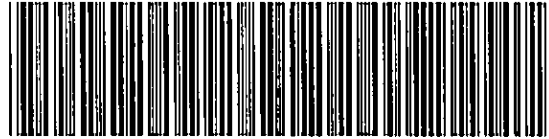
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 10 2019  
McNABR

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

2018 APR 29 AM 10:34

SUBJECT: ALBA NATURALS, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P08000085065

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

Please return all correspondence concerning this matter to the following:

DEMETRI MOUSTOPOULOS  
(Name of Person)

MOUSTOPOULOS + COMPANY  
(Name of Firm/Company)

PO BOX 2325  
(Address)

PALM HARBOR, FL 34682  
(City/State and Zip Code)

For further information concerning this matter, please call:

Demetri at ( 727 ) 781-0346  
(Name of Person) (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  
2661 Executive Center Circle  
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ADUSH MUCAJ, hereby resign as PRESIDENT  
(Title)

of ALBA NATURALS, INC.  
(Name of Corporation)

P08000085065, 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

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**TALLAHASSEE, FLORIDA**