

P150000089294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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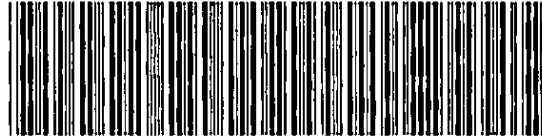
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NOV 14 2017  
I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AALONDRA CORP  
(Name of Corporation)

DOCUMENT NUMBER: P15000089294

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

Please return all correspondence concerning this matter to the following:

JOSE G TORRES

(Name of Person)

AALONDRA CORP

(Name of Firm/Company)

900 SW 142 AVE, STE L308

(Address)

PEMBROKE PINES, FL 33029 (33029)

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE G TORRES at 786 715-5669

(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

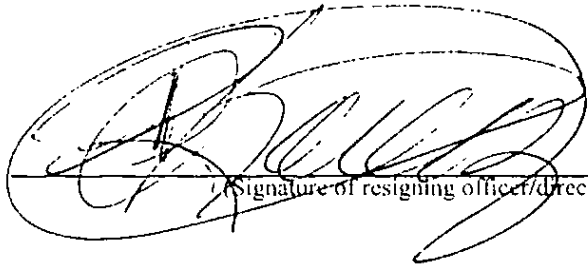
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERTA K. CHAVEZ, hereby resign as PRESIDENT  
(Title)

of AALONDRA CORP.  
(Name of Corporation)

P15000089294, 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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314