

- P18 0000 51359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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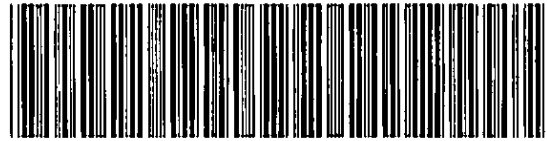
(Business Entity Name)

(Document Number)

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WASHINGTON, D.C. 20535

JUL 02 2020
S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABA WINGS INC.
(Name of Corporation)

DOCUMENT NUMBER: P18000051359

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

Please return all correspondence concerning this matter to the following:

ANTONIO R. ROMAN LOPEZ

(Name of Person)

ABA WINGS INC.

(Name of Firm/Company)

3901 SW 109 AVE APT G7

(Address)

MIAMI, FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO R. ROMAN LOPEZ at (786) 616-3573
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

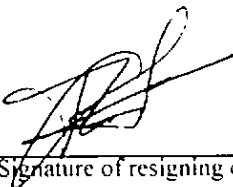
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANTONIO R. ROMAN LOPEZ, hereby resign as VP
(Title)

of ABA WINGS INC.
(Name of Corporation)

P18000051359, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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2020 JUL 11 AM 7:10

FILING FEE IS \$35.00

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

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