

P93000050338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900244202509

02/01/13--01019--011 **35.00

13 FEB -1 PM 12:51
FEB 1 2013

O/D Resign.

2-5-13

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: P.B. FINANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P93000050338

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

Please return all correspondence concerning this matter to the following:

JULIO C. ALONSO, ESQ.
(Name of Person)

JULIO C. ALONSO, P.A.
(Name of Firm/Company)

300 SEVILLA AVENUE, #301
(Address)

CORAL GABLES, FL. 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO C. ALONSO, ESQ. at (305) 649-7600
(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

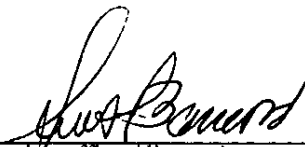
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUIS BARROSO, hereby resign as DIRECTOR
(Title)

of P.B. FINANCE, INC.
(Name of Corporation)

P93000050338, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

13 FEB -1 PM 12:56
FILED

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