1/6895

(Req	uestor's Name))	
(Address)			
(Add	ress)		
(City	/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
		·	

Office Use Only



300116764153

02/22/08--01017--012 ++35.00

Off/Ris Resign

B FED 22 THE STAIL AH ASSEE, FLOR

FILED

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TARRAB USA INC (Name of Corporation)
•
DOCUMENT NUMBER: V16895
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Elias Chiro
(Name of Person)
TARRAB U.S.A. INC.
(Name of Firm/Company)
1538 SE 15th Street
(Address)
Fort Lauderdale, FL 33316
(City/State and Zip Code)
For further information concerning this matter, please call:
Elias Chiro at (954) 462-0400 (Name of Person) (Area Code & Daytime Telephone Number)
(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

FILED

08 FEB 22 PM 2: GI,

SEURE JARY OF STATE
ALLAHASSEE, FLORIDA

I, Alberto Tarrab	, hereby resign as_	President (Title)
ofTarrab UŞA,Inc,	ne of Corporation)	,
V16895 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida		
	(Signature of resigning officer/direct	·

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