

PO1000116545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

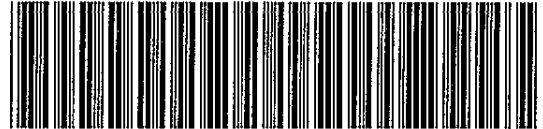
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHOICE FOOD AND DELI INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 01000116545

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

Please return all correspondence concerning this matter to the following:

MAZEN AL-BATAINEH

(Name of Person)

CHOICE FOOD & DELI INC.

(Name of Firm/Company)

335 PHILLIPPE PARKWAY

(Address)

SAFETY HARBOR, FLORIDA 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE DIAZ

(Name of Person)

at (407) 352-7006

(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:**

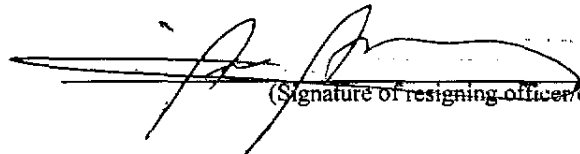
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ASHRAF ABDELRAHAMAN, hereby resign as PRESIDENT/DIRECTOR  
(Title)

of CHOICE FOOD & DELI INC.  
(Name of Corporation)

P01000116545, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

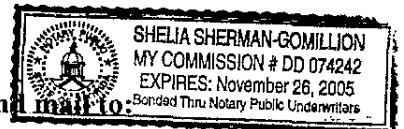
  
(Signature of resigning officer/director)

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03 AUG 22 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Appeared on 8-14-03  
Ashraf ABDELRAHMAN  
Florida Driver License

Shelia Sherman-Gomillion

**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