

PD2000030439

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 315 PHILIPPE, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000030439  
\_\_\_\_\_

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 \_\_\_\_\_ at ( 407 ) 352-7006  
(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

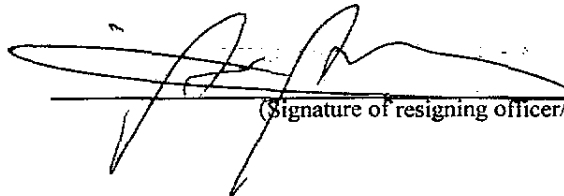
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

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

of 315 PHILLIPPE, INC.  
(Name of Corporation)

P02000030439, a corporation organized under the laws of the State of  
(Document Number, if known)

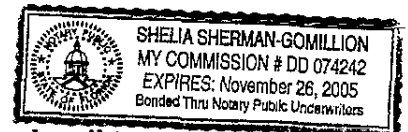
FLORIDA

  
(Signature of resigning officer/director)

Appeared 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