

P02 000070325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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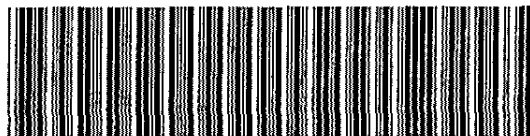
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DURA FOOD MART INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO2000070325

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

Please return all correspondence concerning this matter to the following:

OSAMA KAYALI  
(Name of Person)

OSAMA S KAYALI CPA PA  
(Name of Firm/Company)

8064 N. 56TH ST.  
(Address)

TAMPA, FL 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

OSAMA KAYALI at (813) 899-9642  
(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, ZIAD HASAN, hereby resign as Director/Officer  
(Title)

of DURA FOOD MART INC.  
(Name of Corporation)

P02000070325, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
05 MAY -3 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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