

P02000077834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

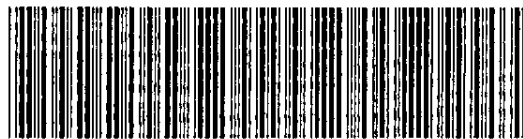
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

5/16/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE NEW BEEHIVE DELI  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000077834

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

Please return all correspondence concerning this matter to the following:

KIM PRICE

(Name of Person)

(Name of Firm/Company)

19 VALLEY ROAD

(Address)

BUDE / CORNWALL / UK / EX23 8ER

(City/State and Zip Code)

For further information concerning this matter, please call:

KIM PRICE

(Name of Person)

at (

(Area Code & Daytime Telephone Number) pricekimrob@aol.com

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**

I, KIM PRICE, hereby resign as DV  
(Title)

of THE NEW BEEHIVE DELI  
(Name of Corporation)

P02000077834, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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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

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