

P03000044812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

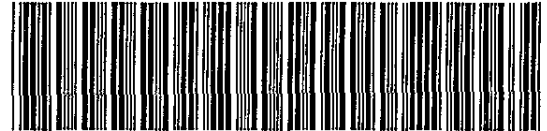
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O/O Resignation

dfm  
7/11/03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cherry Spoon Food & Grocery  
(Name of Corporation)

**DOCUMENT NUMBER:** 2030000 44812

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

Please return all correspondence concerning this matter to the following:

Ericka Reed  
(Name of Person)

Cherry Spoon Food & Grocery  
(Name of Firm/Company)

2165 NW 93rd Street  
(Address)

Miami, FL 33147  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ericka Reed at (305) 696-7228 or 786-262-051  
(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

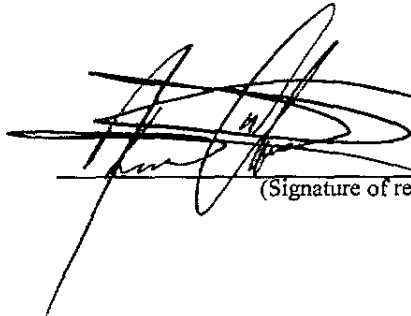
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Kevin Clark, hereby resign as Secretary  
(Title)

of Cherry Spoon Food & Grocery, Inc.,  
(Name of Corporation)

PO 300000 44812, 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