P04000059209

(Re	equestor's Name)	_		
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(Bu	siness Entity Nam	e)		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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COVER LETTER

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SUBJECT: S & O Grocers, Inc (Name of Corporation) DOCUMENT NUMBER: P0400059209
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ogab Hbuogab (Name of Person)
(Name of Firm/Company)
6821 Lake Devonwood De. (Address)
Fort Myces FL 33908 (City/State and Zip Code)
For further information concerning this matter, please call:
Ogab Abuogab at (239, 728-4006) (Name of Person) (Area Code & Daytime Telephone Number)

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı Sana	Abno	ogab	, hereby	resign as_	V	P		
			0			(Title)		•
of	4	Name of Cor	Groce (poration)	RS		Ω C	•	,
P040000	5-921	09	corporation or	ganized und	er the laws o	of the State	e of	
(Document Num	er, if known)							
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-		(Signati	ure of resigning	officer/directo	or)		0:41	

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