## P04000126376

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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06/20/05--01041--015 \*\*35.00



o/o resign

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## TRANSMITTAL LETTER

SUBJECT: JOYMA FOOD MART INC
(Name of Corporation)
DOCUMENT NUMBER: P04000126376
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BADAL CHOWDHURY  (Name of Person)
JOYMA FOOD MART INC (Name of Firm/Company)
223 S CANAL STREET
(Address)
LEESBURG, FL 34748
(City/State and Zip Code)
For further information concerning this matter, please call:
BADAL CHOWDHURY  at (352) 787 8333  (Name of Person) (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

**TO:** Amendment Section Division of Corporations



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, RAHIMA KHATUN		SECRETARY/TREASURER
**		(Title)
of JOYMA FOOD MART INC		,
(Nam	e of Corporation)	
P04000126376 (Document Number, if known)	a corporation organized un	der the laws of the State of
FLORIDA	سد ۽ جي	
·	कारिम आपूर	
	(Signature of resigning officer/direc	tor)

## 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
Taliahassee, Florida 32314