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TO: Amendment Section	
Division of Corporations	
SUBJECT: STORMANT'S GROCERY INC	
(Name of Corporation)	
DOCUMENT NUMBER: P05000003056	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JIMMY STORMANT	
(Name of Person)	
STORMANT'S GROCERY INC16874	
(Name of Firm/Company)	
16874 SPRING STREET	
(Address)	
WHITE SPRINGS, FLORIDA 32096	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JIMMY STORMANT at (386) 39723637	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corr	oratic

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro	ovisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.15	09,
Florida Statutes, th	ne undersigned. LO	ORI A STORMANT	
	•	(Name of Registered Agent)	
hereby resigns as I	Registered Agent for	STORMANT'S GROCERY INC	
norcoy resigns us i	togistored regulit for	(Name of Corporation)	,
P05000003056			
(Document N	lumber, if known)		
A copy of this resi	gnation was mailed to	o the above listed corporation at its last known	r address.
The agency is term this statement is fi		discontinued on the 31st day after the date on	which
_	fri A. S	tramant gnature of Resigning Agent)	
If signing on behal	If of an entity:		
	LORI A STORMA		
-	(Typed or Printed Name)	3
	REGISTERED AG	SENT-RETIRING	
_		(Capacity)	2
			32
			7
	Fee for filin	g this document:	<u></u> $\frac{1}{2}$
		ive corporation	_ 5

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/