## P0500013696

(Requ	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
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## TRANSMITTAL LETTER

SUBJECT: BEST QUALITY FOOD DISTRIBUTORS, INC (Name of Corporation) P05000013696 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: REINALDO IRAGORRI (Name of Person) BEST QUALITY FOOD DISTRIBUTORS, INC (Name of Firm/Company) 7215 NW 41 STREET BAY ( (Address) MIAMI, FL 33166 (City/State and Zip Code) For further information concerning this matter, please call: REINALDO IRAGORRI (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section
Division of Corporations Street Address: Amendment Section Division of Corporations 409 E. Gaines Street P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JULIANA QUINTERO	hereby resign as VP
	(Title)
of BEST QUALITY FOOD DIST	RIBUTORS, INC
(Name	e of Corporation)
P05000013696 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
	OS MAY I PHONE SIGNATURE OF CARGON SIGNATURE OF resigning officer/director)  PHOS INTERIOR SIGNATURE  Signature of resigning officer/director)

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