

PO80000094974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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FILED
12 MAY 17 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

May 16th 2012

I am requesting a removal of my name, Steve Manikum as officer/director of the following company: STNM FOODS AND COMMODITIES, INC.

Document Number: P08000094974

Date Filed: 10/21/2008

I have no association or affiliation with STNM FOODS AND COMMODITIES, INC. and this is an error I need corrected.

Any further documentation required, please feel free to contact me via email and telephone.

My Telephone number is 305-409-8381

My Email Address: smanikum@aol.com

Regards,

A handwritten signature in black ink, appearing to be 'Steve Manikum', written in a cursive style.

Steve Manikum

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STNM FOODS AND COMMODITIES INC
(Name of Corporation)

DOCUMENT NUMBER: P08000094974

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

Please return all correspondence concerning this matter to the following:

STEVE MANIKUM

(Name of Person)

STNM FOODS AND COMMODITIES INC

(Name of Firm/Company)

990 NE 125TH STREET

(Address)

NORTH MIAMI FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVE MANIKUM

(Name of Person)

at (305) 409-8381

(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

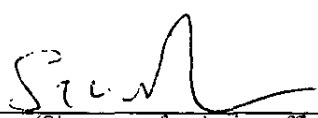
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, STEVE MANIKUM, hereby resign as VP
(Title)

of STNM FOODS AND COMMODITIES INC
(Name of Corporation)

P08000094974, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(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