P10000103505

(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





800212278738

09/26/11--01008--012 **35.00

off. Resign.

Brown 9-27-11

COVER LETTER

SUBJECT: PRIYOM FOOD	OS INC
	(Name of Corporation)
DOCUMENT NUMBER:	P10000103505
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
SUNISH T PAULOSE	
(Name of	Person)
(Name of Fir	m/Company)
10710 NW 12 TH DRIVE	
(Add	ress)
PLANTATION FL 33322	
(City/State ar	nd Zip Code)
For further information concern	ning this matter, please call:
JOSE THOMAS CPA	at (954 \ 435 7272
(Name of Person	at (954) 435 7272 (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



I. SUNISH PAULOSE	, hereby resign as DIRECTOR
	(Title)
of_PRIYOM FOODS INC.	
(Name of Co	orporation)
P10000103505, a (Document Number, if known)	corporation organized under the laws of the State of
FLORIDA	
	•
	Paris Comment
(Signa	ture 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