## P13000018487

(Requestor's Name)		
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	<i>f</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	<del>)</del>
(Document Number)		
Certified Copies	Certificates o	of Status
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02/25/15--01009--003 \*\*35.00

SECRETARY OF STATE DIVISION OF BURFOR AMON

000/2015

## TRANSMITTAL LETTER

Division of Corporations **Family Food General Corporation** (Name of Corporation) DOCUMENT NUMBER: P13000078487 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jose L Santiago (Name of Person) Family Food General Corporation (Name of Firm/Company) 2712 Whisper Glenn CT (Address) Orlando, FL. 32837 (City/State and Zip Code) For further information concerning this matter, please call: Jose Santiago

Mailing Address: Amendment Section Division of Corporations

TO:

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı,</sub> Jose L Santiago	hereby resign as VP	
<sub>of</sub> Family General Co	orporation (Title)	
*	ne of Corporation)	
P13000078487	, a corporation organized under the laws of the State of	
(Document Number, if known) Florida		

(Signature of resigning officer/director)

SECRETARY OF STAKON SECRETARY OF PARTY OF PARTY

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