P156000000669

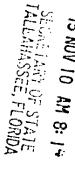
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			





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T. LEDELY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:U	S A GROCERY INC		
P15000020669				
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
N	OSHTAQUE AHMAD			
_		Name of Contact Person	1	
A	AHMADIA BOOKKEEPING SERVICES			
_		Firm/ Company		
8	13 NW 27TH AVE			
_		Address		
F	ORT LAUDERDALE, FL	- 33311		
_		City/ State and Zip Code	2	
	E-mail address: (to be us	sed for future annual report	notification)	
For forther information	aanaamina this matter, plans	oo oolle		
For further information	concerning this matter, pleas	se can:		
MOSHTAQUE AHMA	D	at (303 1412	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(Title)
'
of the State of

(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, Fiorida 32314

15 NOV 10 AM 8: 1

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