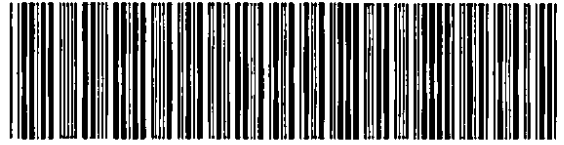


P178000 18139



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

01/10/19--01008--014 **35.00

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JAN 17 2019

D/D-Resign

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: E1 Alacran Supermarket Inc.
(Name of Corporation)

DOCUMENT NUMBER: P17000018139

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

Please return all correspondence concerning this matter to the following:

Flor Salinas
(Name of Person)

(Name of Firm/Company)

11965 Branam Field Rd
(Address)

Jacksonville FL 32222
(City/State and Zip Code)

For further information concerning this matter, please call:

Flor Salinas at (904) 451 3962
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

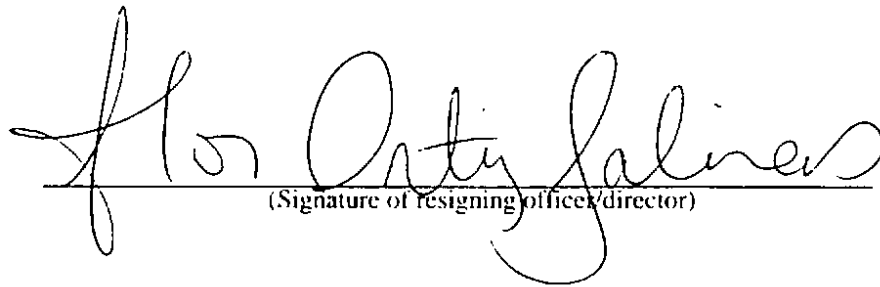
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Flor Ortiz Salinas, hereby resign as President
(Title)

of EI Alacran Supermarket Inc
(Name of Corporation)

PI7000018139, 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

FILED

19 JAN 10 AM 11:15