

P178000 18139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

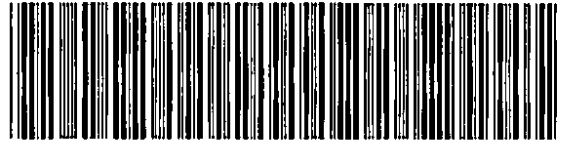
(Business Entity Name)

(Document Number)

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S TALLENT

JAN 17 2019

*D/D-Resign*

FILED  
19 JAN 10 AM 11:15  
STATE OF MISSISSIPPI

**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

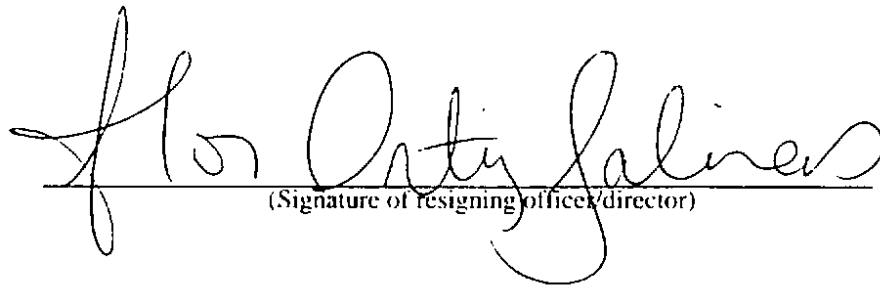
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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

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19 JAN 10 AM 11:15  
Tallahassee, Florida