Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Phone : (904)342-6009 Fax Number : (904)425-2229				1	<del></del>	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: EL 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:

James T. Murphy, Esq.

(Name of Person)

Murphy & Ellis, PLLC

(Name of Firm/Company)

121 W. Forsyth Street, Suite 800

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

James T. Murphy, Esq.

(Name of Person)

121 Mare Of Person)

1342-6009

(Name of Person)

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

(((H19000243607 3)))

լ James T. Murphy	, Esq hereby resign	Authorized Representative
	,,,	(Title)
of El Alacran Superr	market, Inc.	
P17000018139	• /	
(Document Number, if know i)	, a corporation organized	d under the laws of the State of
Florida		

FILING FEE IS \$35.00

mature of resigning officer/sirector

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314