# P20000078776

(Re	questor's Name)	···
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
ppies	Certificates	s of Status
structions to	Filing Officer:	

Office Use Only



900353881329

10/19/20--01028--021 \*\*35.00



NOV 24 7070 I ALBRITTON

### TRANSMITTAL LETTER

Amendment Section Division of Corporations

ALI & SONS FOOD MART, INC.  CT:	
(Name of Corpo	ration)
MENT NUMBER: P20000078776	
losed Officer/Director Resignation for a Corporatio	n and fee are submitted for filing
cturn all correspondence concerning this matter to t	he following:
4 ALSALEH	
(Name of Person)	-
ONS FOOD MART, INC.	
(Name of Firm/Company)	_
78TH. ST.	
(Address)	-
., FL. 33619	
(City/State and Zip Code)	-
ther information concerning this matter, please call:	
M ALSALEH 813	760-7658 ) le & Daytime Telephone Number)
(Name of Person) (Area Coc	le & Daytime Telephone Number)

ed 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

AHIRA AKHTER	VP , hereby resign as	
	, hereby resign as	(Title)
LI & SONS FOOD MART, INC.		
(Nam	ne of Corporation)	
(Document Number, if known)	, a corporation organized under the l	aws of the State of
DRIDA		
<del></del>	·	
6	Juhan	
	(Signature of resigning officer/director)	
		, ·
		≅:
	FILING FEE IS \$35.00	<u></u>
		·-

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

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