P96000045827

(Requestor's Name)						
(Address)	_					
(Address)	—					
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)	—					
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Varys Cash & Carry Inc (Name of Corporation) DOCUMENT NUMBER: P96000045837
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SIU-Ling Lay (Name of Person)
Vary's Cash & Carry Inc (Name of Firm/Company)
160 Nw 22nd street
Man 71 33127 (City/State and Zip Code)
For further information concerning this matter, please call:
SPO-LPTO LOY at (786) 383-6888 (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	S76-120	g Lay	, hereby resi	gn as <u>V</u>	(Title)
of	Vari	S Cos	n E Can	ry, Inc.	· · · · · · · · · · · · · · · · · · ·
7966 (D	ocument Number, if	, a (known)	corporation organiz	ed under the laws of	of the State of
		(Sigfiat	ure of resigning office	r/director)	FILED 09 JAN 14 PN D: SECRETARY OF STAL TALLAHASSEE FLORID

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

FILING FEE IS \$35.00

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