

P02000090362

Requester's Name  
 \_\_\_\_\_  
 CBM Wholesale Distributors, Inc.  
 3769 NE Skyline Drive  
 Jensen Beach, FL 34957  
 \_\_\_\_\_  
 City/State/Zip Phone #

200008451472-- 6  
-10/18/02--01064--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *Resignation*
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *by officer*
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
02 OCT 18 PM 1:11  
FILED

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials *BR*

10/21/02

**OFFICER / DIRECTOR RESIGNATION**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Daniel Joseph Miller, hereby resign as President  
(Title)

of CBM Wholesale Distributors, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

*D Miller*  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**