

P02000090362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

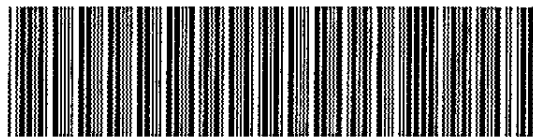
(Business Entity Name)

(Document Number)

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O/D  
Resign.  
1/7/03  
TLC

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CBM Wholesale Distributors, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** Letter # (602A00049036)

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Cilurso

(Name of Person)

CBM Wholesale Distributors, Inc.

(Name of Firm/Company)

3769 NE Skyline Drive

(Address)

Jensen Beach, FL 34957

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Cilurso

(Name of Person)

at ( 772 ) 334-1397

(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  
409 E. Gaines Street  
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, David Brancaccio, hereby resign as Secretary  
(Title)

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

\_\_\_\_\_ a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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**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