404069

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		To the second conjugation.

Office Use Only



200037967012

06/17/04--01023--017 **35.00

OLJUN 17 AMID: OI
SECRETARY UF SIATIOA

Old Rod

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BAKE'S Costom Cabinets and Millwork, Inc. (Name of Corporation)
DOCUMENT NUMBER: # 404069
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
/515 Monto (Name of Person)
Baker's Custom Cabinets (Name of Firm/Company)
168 Commercial Blod. (Address)
Naples F/ 34104 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239) 643-2339 (Area Code & Daytime Telephone Number)
(Name of Person) (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. RICK GAR	eruty	, hereby res	ign as 350/-	REOS (Title)	
of BAKU'S	Coston	Cabinets Corporation)	AND Hillw	OCK IN	
# 404069 (Document Number,		a corporation organi	zed under the laws	of the State of	
FLORIDA			है ड	÷	
	Y	R		OH JUN 1	2 6
	(Sign	ature of resigning offic	cr/director)	T AND OF STA	T C
				ORIDA	2

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