L040000 12473

(Requ	uestor's Name)	
(Addr	ess)	
(Addi	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: (abinets of Distinction, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to: (Contact Person)
Cobinets of Distinction, LLC (Firm/Company)
184 Mary Lane
Cresturew Fl. 3256 (City/State and Zip Code)
For further information concerning this matter, please call:
Randy For S at (850) 499-1394 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2017

RANDY FORS **184 MARY LANE** CRESTVIEW, FL 32536

SUBJECT: CABINETS OF DISTINCTION, LLC

Ref. Number: L04000012473

We have received your document for CABINETS OF DISTINCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00014332

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	nited liability company a						
of State is:	abinets o	FD), is fine 1	tion, L.	<u>LC</u>	·	
2. The Florida docum	ent/registration number	assigned to	this limited liab	ility company	is:		
<u>L04000</u>	012473		[2				
	ber/manager withdrew/re				<u> </u>	<u>20</u> /	7
Mana (Pr	e oj verson kesigning) 9 E [Ini Title)						
of this limited liabil resignation in writing	ity company and affirm to	the limited	liability compan	y has been not	tified o		
Signature of Diss	ociating Member or Resi	igning Ma	nager		ALLAES	20 17 JUL	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				XRY OF SIA	26 PM 1:0	
				1	\Box_{i}	Ξ	