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M. HODGES

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Mid Florida Cabinets LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:	
Jeremiah P Sirn (Name of Person)	aeyer	
Mid Florida Cabinets, LL (Firm/Company)	<u>_C</u>	
2921 NE 23 Street Suit 101 (Address)		
Ocala I-1 34470 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Jeremiah P		
(Name of Person) (Area Code	e & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		

\$55 Filing Fee & Certified Copy

Document # L05000100777

\$25 Filing Fee

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, George E Keener, hereby resign as MCR (Title)
of Mid Florida Cabinets LLC (Limited Liability Company)
a limited liability company organized under the laws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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