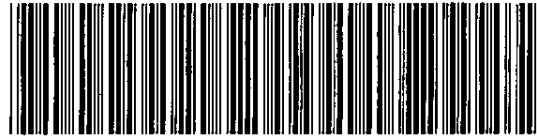


LO5000103366



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04/28/08--01051--014 \*\*25.00

06/04/08--01008--004 \*\*60.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2008

ANITA M.SENICOLA, LEGAL ASST. TO J.CHRISTOPHER LOMBARDO  
WOODWARD, PIRES & LOMBARDO P.A.  
3200 TAMIAMI TRAIL N., SUITE 200  
NAPLES, FL 34103

SUBJECT: CABINET GALLERY OF FLORIDA, LLC  
Ref. Number: L05000103366

We have received your document for CABINET GALLERY OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

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

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 208A00027927

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CABINET GALLERY OF FLORIDA, LLC.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONTGOMERY A. RICHARDS  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

9115 GALLERIA COURT  
(Address)

NAPLES, FL 34109  
(City/State and Zip Code)

For further information concerning this matter, please call:

MONTGOMERY A. RICHARDS at ( 239 ) 263-4699  
(Name of Person) (Area Code & 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:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

J. CHRISTOPHER LOMBARDO, hereby resigns as  
(Name of Registered Agent)

Registered Agent for CABINET GALLERY OF FLORIDA, INC.

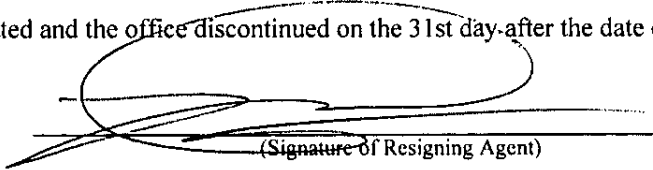
(Name of Limited Liability Company)

L05000103366

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

J. CHRISTOPHER LOMBARDO

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

FILED  
08 JUN -4 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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