

L0600000 5925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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*Christ*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CABINETS W/ WHOLESALE DIRECT 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 following:

LARRY ERVANS, PRES/Manager  
(Name of Person)

CABINETS W/ WHOLESALE DIRECT LLC  
(Firm/Company)

617 VENICE AVE E.  
(Address)

VENICE FL 34292  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy A. Trascik at (941) 485-3894  
(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Nancy A. Trascik, hereby resign as HEAD OF SALES  
(Title)  
of CABINETS WHOLESALE DIRECT 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.

Nancy A. Trascik  
(Signature of resigning manager, managing member or member)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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