

LD6000119593

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(Address)

(Address)

(City/State/Zip/Phone #)

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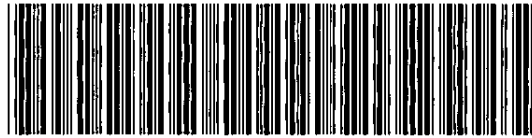
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MGR Resig.

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cabinet + Stone World  
(Name of Limited Liability Company)

DOCUMENT NUMBER: MGR

The enclosed Resignation of ~~Registered Agent~~ for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Pitchford  
(Name of Person)

Cabinet + Stone World  
(Name of Firm/Company)

3355 Tethersall Dr.  
(Address)

Green Cove Springs FL 32043  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Pitchford at (904) 415 5550  
(Name of Person) (Area Code & Daytime Telephone Number)

### MAILING ADDRESS:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Cabinet + Stone World, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L06000119593

4. I, Ann P. Pitchford, hereby resign as a MEM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Ann P. Pitchford

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)