## 07000085569

(Re	equestor's Name)	, ,			
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
. PICK-UP	☐ WAIT	MAIL			
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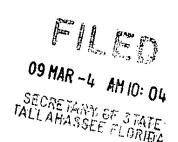
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## **COVER LETTER**

_	tration Section ion of Corporations			
SUBJECT:		PDABLE (	ABINETS,	LLC
	(Name of Li	miled Liability CC	inpany)	
The enclosed filing.	member, managing member	or manager resi	gnation and fee	(s) are submitted fo
Please return	all correspondence concerning	g this matter to	<b>:</b>	
DÀI	11D M. BROCK			
	(Contact Person)		_	
QUAL	-ITY AFFORDABLE CA (Firm/Company)	BINETS, LL	<u>.c</u>	
485	N: 11WY 17-92, # (Address)	417		a demonstration
LONG	(City/State and Zip Code)	<del></del>	<del></del>	
For further in	formation concerning this ma	tter, please call	l:	·
DAVI	D M. BROCK ame of Contact Person)	at (_407	) 262 · 00	018
(Na	ame of Contact Person)	(Area Cod	le & Daytime Tele	ephone Number)
Enclosed plea	ase find a check made payable	to the Florida	Department of S \$55 Filing Fee Certified Co	&
Registration : Division of C	Corporations		MAILING A Registration S Division of Co	Section orporations
	ing ve Center Circle Florida 32301		P.O. Box 632 Tallahassee, F	

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records of	
of State is:	QUALITY AFFORDAR	BLE CABINETS, LLC	,
2. This limited liabi	lity company was organiz	ed under the laws of:	
FLO	RIDA	<del></del>	
3. The Florida docu	ment/registration number	of this limited liability comp	any is:
<u> L0700</u>	0085569	·	
4. I, KEITH J.	VELLEQUETTE	, hereby resign as a _	MGRM
(Print No	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri		the limited liability company	has been notified of my
Signature of Resignature	gning Member, Managing	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		