

LD9000045473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900173134479

03/29/10--01051--017 **110.00

FILED
2010 MAR 29 P 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Received
4-1-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cabinets Floors and More, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000045473

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:

B. J. Funk
Name of Person

Tudor Villas Realty Corp.
Name of Firm/Company

P O Box 101526
Address

Cape Coral, FL 33910-1526
City/State and Zip Code

Buffy33914@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

B. J. Funk at (239) 945-1949
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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,

Stephen W. Haywood

, hereby resigns as

Name of Registered Agent

Registered Agent for Cabinets, Floors and More, LLC

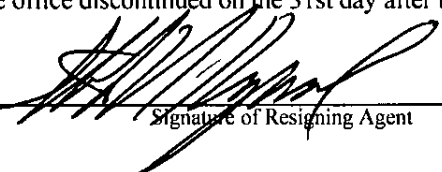
Name of Limited Liability Company

L09000045473

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.

(X) 
Signature of Resigning Agent

If signing on behalf of an entity:

Stephen W. Haywood
Typed or Printed Name
gr
Capacity

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

FILED
2000 MAR 29 P 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA