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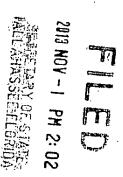
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CABINETS & MORRO OF SWFL (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JACK KOVICH (Contact Person)
(Firm/Company)
19895 MARKWARD CROSSING (Address)
ESTERD FL 33928 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (212) 746 6263 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
CTDEET/COUDIED ADDRESS. MAILING ADDRESS.

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

CR2E079 (5/06)



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 li	mited liability company as it ap	opears on the records of the Florida	Department
2. This limited liabil	ity company was organized und	ler the laws of: 	2013 NOV -1
_	nent/registration number of this	limited liability company is:	PH 2: 02 FELERIDA
4. I, Print Nai	A C. KOVICH me of Person Resigning)	, hereby resign as a Manay A	SE MEMBER
of this limited liabi resignation in writi	lity company and affirm the lim	nited liability company has been not	
Signature of Resig	Ma C- Lovice ning Member, Managing Memb	Control Contro	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		