L23000195624

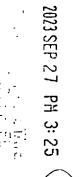
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

то:		stration Section tion of Corporations				
SHRI	ECT:	FINE CABINETS LLC				
300		(Name of Limited Liability Company)				
The er	nclosed	d member, resignation or dissoci				
Pleasc	e return	all correspondence concerning	this matter to:			
ROBE	RT CAC	JLE		-		
		(Contact Person)				
FINE (CABINE	ETS LLC				
		(Firm/Company)		_		
3115 B	BLAKEI	Y DR				
		(Address)		_		
ORLA	NDO, F	1. 32835				
		(City/State and Zip Code)		_		
For fu	irther ii	nformation concerning this matte	er, please call:			
ROBE	RT CAC		813 at (809-3777		
	(N	iame of Contact Person)	(Area Code	2 & Daytime Telephone Number)		
	sed ple 5 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy		
	Regi: Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as CABINETS LLC.	s it appears on the records of the	: Florida Departmen	t
2. The Florida docu L23000195624	ument/registration number a	ssigned to this limited liability c	company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is	7/10/2023 s:	
4. I. (Print Name of Person Resigning)				
of this limited liab		ne limited liability company has	been notified of my	ı
resignation in wr				
Signature of Di	ssociating Mcmber or Resig	ining Manager	2023 SEI	منه
	\$25.00 (Required) \$30.00 (Optional)		EP 27 PH 3	ジワン