## P01000034264

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FLORIDA KITCHEN & APPLIANCES, INC.
(Name of Corporation)
DOCUMENT NUMBER: P01000034264
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN MANGIALETTO
(Name of Person)
FLORIDA KITCHEN & APPLIANCES, INC.
(Name of Firm/Company)
3395 NW 79TH AVENUE
(Address)
MIAMI, FLORIDA 33122
(City/State and Zip Code)
For further information concerning this matter, please call:
JOHN MANGIALETTO ., 305 \$91-9300
JOHN MANGIALETTO at ( 305 ) 591-9300 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Į, JUAN DELGADO	hereby resign as DIRECTOR			
<u> </u>		<del></del> _	(Title)	<del></del> "
of FLORIDA KITCHEN & APP (Na.	LIANCES, INC.		<u> Sie Leeft in 1</u>	<u>_</u> , ~=\=\f
(Document Number, if known)	, a corporation organized ur	nder the laws	of the State of	
FLORIDA	<u>्र</u> क्षण <sup>्</sup>	<b>un</b>	D3 NOV 14	TIEM
	(Signature of resigning officer/direct	tor)	or state	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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