(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
(D0	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

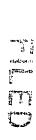
Office Use Only





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## **COVER LETTER**

TO: Amendment Section Division of Corporations	•
SUBJECT: Kitchens by Antonio, Inc	<b>2.</b>
	(Name of Corporation)
DOCUMENT NUMBER: P01000	112553
The enclosed Officer/Director Resignati	on for a Corporation and fee are submitted for filing
Please return all correspondence concern	ning this matter to the following:
Jennifer Barbosa	
(Name of Person)	
Kitchens by Antonio, Inc.	
(Name of Firm/Compa	ny)
955 E. Semoran Blvd.	
(Address)	
Casselberry, FL 32707	
(City/State and Zip Coo	de)
For further information concerning this	matter, please call:
Jennifer Barbosa	at ( 407 ) 865-9336
(Name of Person)	at (407) 865-9336 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	yable to the Florida Department of State.
Amendment Section An Division of Corporations Division Building Po	ailing Address: nendment Section vision of Corporations st Office Box 6327 Ilahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I.</sub> Antonio Barboza	, hereby resign as President		
	(Title)		
of Kitchens by Antonio, Inc		,	
	(Name of Corporation)		
P01000112553 (Document Number, if known	, a corporation organized under the laws of the State of		
Florida	·		
2	SEESE NO.	emprey at 1	
	(Signature of realgning officer/director)  (Signature of realgning officer/director)		

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