

PO2000091492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

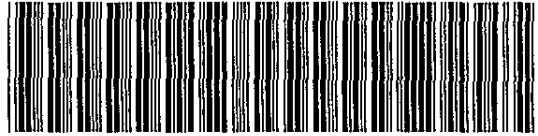
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000042347040

11/14/14--01124--001 **35.00

FILED
04 NOV -4 PM 10:43
SECRETARY OF STATE
TALLAHASSEE, FL

J.F.F. Resay
G. Guallotte NOV 15 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PADRINO KITCHEN CABINETS AND FURNITURE CORP
(Name of Corporation)

DOCUMENT NUMBER: P02000091492

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MARIO LORENTE

(Name of Person)

(Name of Firm/Company)

9755 SW 56 ST

(Address)

MIAMI FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO LORENTE

(Name of Person)

at (786) 267-1504

(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**

I, MARIO LORENTE, hereby resign as V S D _____
(Title)

of PADRINO KITCHEN CABINETS AND FURNITURE CORP. _____
(Name of Corporation)

P02000091492 _____, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA _____.

Mario Lorente _____
(Signature of resigning officer/director)

FILED
04 NOV -4 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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