PO2000 105454

(Requestor's Name)	
(Address)	1
Ç.i.m.ə.y	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	/AIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
Special Histractions to rining Officer.	
	7

Office Use Only



300041842293

11/01/04--01028--001 **35.00

SECRETARY OF STATE



TRANSMITTAL LETTER

то:	O: Amendment Section Division of Corporations	
SUBJ	JBJECT: Orange City Cabinet Shoppe. (Name of Corpo	Inc. pration)
DOC	OCUMENT NUMBER: P02000105454	
The e	ne enclosed Officer/Director Resignation for a Corporation	on and fee are submitted for filing.
Please	ease return all correspondence concerning this matter to	the following:
 	Dicie Mann (Name of Person)	_ ,
	Orange city Cabinet Shoppe, Inc. (Name of Firm/Company)	<u>-</u>
	148 S Industrial Dr STE 5 (Address)	_
	Orange City, FL. 32763-7422 (City/State and Zip Code)	_
For fu	or further information concerning this matter, please call:	
7-11-1 -	Dicie Mann at (386 (Name of Person) (Area Co) 775-2453 de & Daytime Telephone Number)
Enclo	nclosed is a check for \$35.00 made payable to the Florida	a Department of State.
Amen Divisi P.O. I	Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314 Street Address: Amendment Section Division of Corporati 409 E. Gaines Street Tallahassee, FL 3239	

FILEU

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ronnie Lee Mann	AHASSET OF AHASSET OF TAIL (Title) ORIDA	
of Orange City Cabinet	Shoppe, Inc.	
P02000105454 (Document Number, if known)	ne of Corporation), a corporation organized under the laws of the State of	
Florida		
Ron	nie Lee Mann (Signature of resigning 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