

PO 3000032247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

officer Resignation
CG
6-16-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.A.B. Records, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000032247

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Geoffrey King Robinson

(Name of Person)

Geoffrey King Robinson, P.A.

(Name of Firm/Company)

PO Box 530277

(Address)

Miami Shores, FL 33153

(City/State and Zip Code)

For further information concerning this matter, please call:

Geoffrey King Robinson

(Name of Person)

at (305) 899-8185

(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**

FILED

2004 JUN -9 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Cashmo Brown, hereby resign as Director
(Title)

of C.A.B. Records, Inc
(Name of Corporation)

P03000032247, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Cashmo Brown
(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