

PO3 000127467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

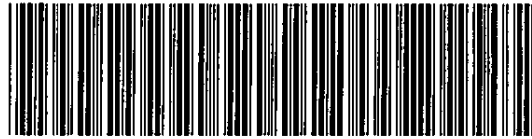
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Officer Resign
Crim Murphy
1/30/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C & F South Florida Wood, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO3000127467

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

Please return all correspondence concerning this matter to the following:

RAFAEL FOSSI
(Name of Person)

C & F South Florida Wood, INC.
(Name of Firm/Company)

730 S PARK RD Bldg #1238
(Address)

HOLLYWOOD, FL. 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL FOSSI at (786) 229-1254
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

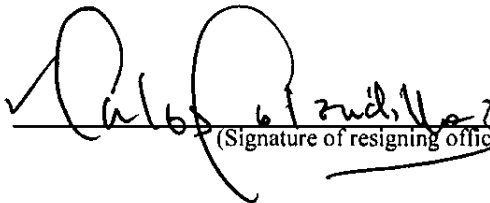
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARLOS CALZADILLA, hereby resign as PRESIDENT
(Title)

of C&F SOUTH FLORIDA WOOD, INC.
(Name of Corporation)

PO3000127467, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)

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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