## 300012955

(Requestor's Name)		
(Address)		
(Address)		
(riduless)		
(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		
12/0/2/13		
M. K.		



800028305218

02/10/04--01017--006 \*\*70.00



## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: KARENS KLOSETS, INC. (Name of corporation)
DOCUMENT NUMBER: P03000129551
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph J. Joy (Name of person)  KAREUS KLOSETS
(Name of firm/company)
(Name of Thin/company)
209 N. Forz Landerdale Bch. Blvd. Wit 9 (Address)
Fort Landerdale, Franka 33304 (City/state and zip code)
For further information concerning this matter, please call:
Toseph J. Toy  at (954) 274-7979  (Name of person)  (Area code & day time telephone number)  Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L Kones Stevens hereby resign as V	ice Prosident (Title)
of Koner's Krosetts (Name of Corporation)	
(Document Number, if known)  , a corporation organized under the	ne laws of the State of
Francia	
Laur 6. Stevens	FEB-9 F LCREJARY L LAHASSEE
(Signature of resigning officer/director)	PH 4: 12  OF STATE E. FLORID

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