## P03000140887

(Requestor's Name)		
· ·		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT · MAIL		
(Business Entity Name)		
(Business Entity Name)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2009 JAN 15 AM 11: 4

officer Resignation
TB 1-23-09

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: Citrus Custom Cabinets Etc Inc
	(Name of Corporation)
DOC	CUMENT NUMBER: P03000140887
	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Rot	pert Anton
· · · · · · · · · · · · · · · · · · ·	(Name of Person)
<u>.,</u>	(Name of Firm/Company)
149	98 Druid Road
	(Address)
Inve	erness, FL 34452
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Rob	ert Anton at ( 352 ) 560-3176 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Robert Anton	, hereby resign as Director	
	(Title)	
of Citrus Custom Cabinets Etc.		
(Nan	ne of Corporation)	
P03000140887 (Document Number, if known)	, a corporation organized under the laws of the State of	
-		
Florida		
	Put Ito	
•	(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