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(Requestor's Name)	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KEVIN GLOVER CABINET INSTALLATION INC. (Name of Corporation)
DOCUMENT NUMBER: PØ4 ØØØØØ 4947
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MATHEW BERRY (Name of Person)
(Name of Firm/Company)
3305 500 15 <sup>+L</sup> AVE (Address)
CAPE CORAL, F2 33914 (City/State and Zip Code)
For further information concerning this matter, please call:
MATHEW BERRY at (Z39) 340-9508 (Name of Person) (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

04 JUN 21 PM 2:28
ALLAHASSEE. FLORIDA

I KEVIN GLOVER	, hereby resign as	PRESIDENT (Title)	_
		(Title)	
of KEVIN GUVER CABINET (Name of Corpo	MSTALLATION pration)	INC.	_,
POYOGOO 4947 ,a cor (Document Number, if known)	rporation organized under	the laws of the State of	
FLORIDA.			

(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