

PO 4000014142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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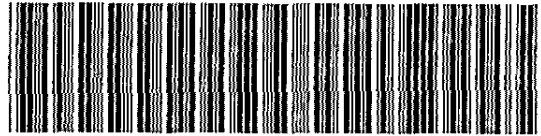
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA CUSTOM CABINETRY AND WOODWORKING INC.
(Name of Corporation)

DOCUMENT NUMBER: P04 0000 14142

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

Please return all correspondence concerning this matter to the following:

Barbara Sharief
(Name of Person)

SOUTH FLORIDA CUSTOM CABINETRY AND WOODWORKING INC
(Name of Firm/Company)

740 NW 20TH Avenue
(Address)

Pembroke Pines FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Sharief at (954) 292-9449
(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**

FILED
04 NOV 24 AM 10:09
TALLAHASSEE
SECRETARY OF STATE

I, Barbara Sharret, hereby resign as PRESIDENT
(Title)
of SOUTH FLORIDA CUSTOM CABINETS AND WOODWORK
(Name of Corporation)
P04000014142, a corporation organized under the laws of the State of
(Document Number, if known)
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