

P04000086915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

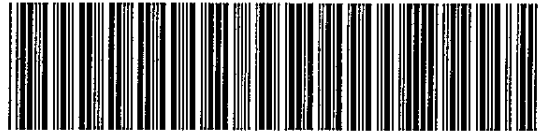
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200062377292

12/27/05--01024--010 **35.00

FILED
05 DEC 27 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Old Res
1/4/06*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE LAMINATE FLOOR DEPOT CORP.
(Name of Corporation)

DOCUMENT NUMBER: PO4000086915

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

Please return all correspondence concerning this matter to the following:

ADOLFO SARDI
(Name of Person)

(Name of Firm/Company)

8003 NW 29 ST
(Address)

DORAL, FL 33122
(City/State and Zip Code)

For further information concerning this matter, please call:

ADOLFO SARDI at (305) 594-6652
(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

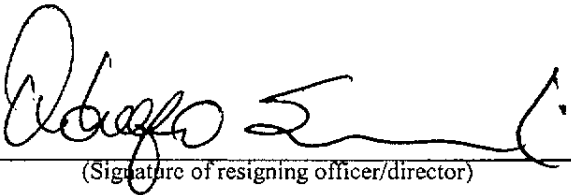
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ADDI FO SANDI, hereby resign as SECRETARY
(Title)

of THE LAMINATE FLOOR DEPOT CORP.
(Name of Corporation)

P04000036915, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
05 DEC 27 PM 12:45
SECRETARY OF STATE
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