P05000020697

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EXAMINER

COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CT: SOUTHERN CABINETS, INC.
	(Name of Corporation)
DOCU	MENT NUMBER: P05000020697
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
RALP	H E. PUJOL
	(Name of Person)
SOUT	THERN CABINETS, INC.
•	(Name of Firm/Company)
1090	RAINBOW LAKE LANE
,	(Address)
PIERS	SON, FL 32180
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
Rula	(Name of Person) at (386) 747 5621 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Division Clifton 2661 Ex	Address: ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RALPH A. PUJOL, JR.	, hereby resign as_	TREASURER/DIRECTOR (Title)
of SOUTHERN CABINETS, INC		·,
P05000020697 (Document Number, if known)	of Corporation), a corporation organized un	der the laws of the State of
FLORIDA	·	
•		
	Signature of resigning officer/direct	SECRETALLAHA
		PR 10 AH 10: 3 ETARY OF STATE HASSEE, FLORI
1	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
Taliahassee, Florida 32314