

P500005646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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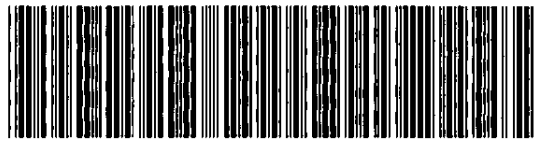
(Business Entity Name)

(Document Number)

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*Resignation*  
*Do Officer*

12/03/09--01013--011 \*\*35.00

FILED  
2009 DEC -3 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*1502*  
*12/8/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cabinet's By Otto  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Otto Abreu  
(Name of Person)

Cabinet's By Otto  
(Name of Firm/Company)

9535 Sundial DR  
(Address)

Tampa, Fl 33635  
(City/State and Zip Code)

For further information concerning this matter, please call:

Otto Abreu at ( 813 ) 215-5155  
(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**

**FILED**

2009 DEC -3 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Rafael Abreu, hereby resign as V.P  
(Title)

of Cabinet's By Otto,  
(Name of Corporation)

(Document Number, if known), a corporation 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