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Chesign

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BARNT CNITOM CABINATS, INC. (Name of Corporation)
DOCUMENT NUMBER: POSOODO 75155
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM J. Dumey (Name of Person)
(Name of Firm/Company)
7605 HAWKS LANDING DR. (Address)
WEST Palm BEACH, FL 33412 (City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM J. Dum EY at (56) 308-0115 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to	the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, option	r 617.1509,
Florida Stat	utes, the undersigned,	WILLIAM J. Dy. (Name of Registered Agent)	nrY
hereby resig	ns as Registered Agent for	(Name of Registered Agent) SRANT CUSTOM (Name of Corporation)	CABINATS, INC
POS	0000 75155		
	ument Number, if known)		
A copy of the	nis resignation was mailed to	the above listed corporation at its las	t known address.
The agency this stateme		liscontinued on the 31st day after the	date on which
If signing or	n behalf of an entity:	nature of Resigning Agent)	
	(T)	yped or Printed Name)	FIL 06 JUL 21 SECRETAR TALLAHASS
		(Capacity)	ED PM 12: 09 Y OF STATE SEE FLORIDA

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314