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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: CSW Cabinet Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>70500095745</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Craig 5. Wilborn (Name of Person)
CSW Cabinet Services, Inc. (Name of Firm/Company)
17711 Overshed Lane (Address)
Spring Hill Florida 34(e10) (City/State and Zip Code)
For further information concerning this matter, please call:
Cray 5. Wilborn at (352) 585-3371 (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

The Color of Corporation organized under the laws of the State of (Document Number, if known)

(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