

P05000143309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

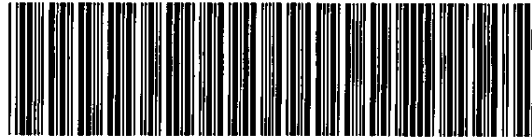
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400101939654

05/14/07--01057--006 **35.00

FILED

07 MAY 14 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

010 Resign.

05/21/07

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF AN OFFICER
(Name of Corporation)

DOCUMENT NUMBER: PO 5000143309

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

Please return all correspondence concerning this matter to the following:

BOSWORTH, JACK
(Name of Person)

FINN CABINETRY, INC.
(Name of Firm/Company)

3185 NEW YORK AVE STE 1 & 2
(Address)

MELBOURNE, FL 32934
(City/State and Zip Code)

MAILING ADDRESS:
315 RICHARDS RD.
MELBOURNE BEACH
FL 32951

For further information concerning this matter, please call:

JUHA YLONEN at (321) 255-2611
(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

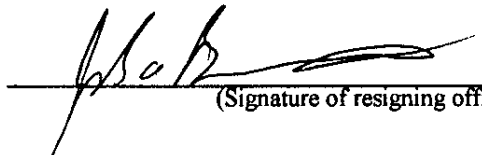
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JACK BOSWORTH, hereby resign as DIRECTOR
(Title)

of FINN CABINETRY, INC.
(Name of Corporation)

PO 5006143309, a corporation organized under the laws of the State of
(Document Number, if known)

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

FILED
07 MAY 14 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA