

PO6000004311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

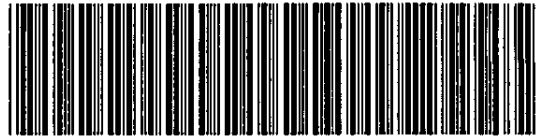
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L & P CABINET INSTALLERS, CORP.
(Name of Corporation)

DOCUMENT NUMBER: PO6000004311

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

Please return all correspondence concerning this matter to the following:

MR RAUL LOPEZ, PRESIDENT
(Name of Person)

L & P CABINET INSTALLER, CORP.
(Name of Firm/Company)

831 DEL PRADO WAY
(Address)

KISSIMMEE, FL 34758
(City/State and Zip Code)

For further information concerning this matter, please call:

MR RAUL LOPEZ at (407) 738-5296
(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, ARMANDO R. PEREZ, hereby resign as Treasurer, Secretary
AN DIRECTOR (TSD)
(Title)

of L & P CABINET INSTALLERS, Corp.
(Name of Corporation)

P06000004311, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA