

PO6000149595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

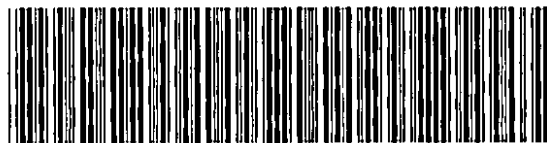
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 01 2018  
S. YOUNG

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Torids Cabinet Installation Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** PICDC 140515

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

Please return all correspondence concerning this matter to the following:

Cheryl Ketchum  
(Name of Person)

Torids Cabinet Installation Inc.  
(Name of Firm/Company)

2661 Cypresswood Dr.  
(Address)

Lake Wales, FL 33858  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Ketchum at (813) 605-4018  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Cheryl Ketchum, hereby resign as VP  
(Title)

of Torres Cabinet Installation Inc.  
(Name of Corporation)

PC6000149595, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Cheryl Ketchum  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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