

P07000037605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

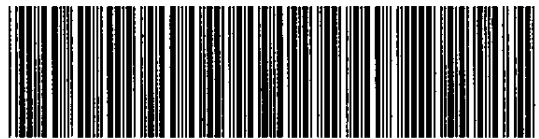
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TALLAHASSEE, FL 32399

09 NOV -4 PM 1:09

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O/D Resign.

D. CORRELL NOV 09 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRISTOPHER KITCHEN CABINET OF MIAMI, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P07000037605

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

Please return all correspondence concerning this matter to the following:

JOSE CUEVAS

(Name of Person)

(Name of Firm/Company)

160 N.E. 192ND. ST.

(Address)

NORTH MIAMI, FL. 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE CUEVAS

(Name of Person)

at (786) 290-1591

(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, ANGEL LOPEZ, hereby resign as PRESIDENT
(Title)

of CRISTOPHER KITCHEN CABINET OF MIAMI CORP.
(Name of Corporation)

P07000037605, 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

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TALLAHASSEE, FLORIDA