P07000053636

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		•		





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Off Briggs

08/22/07--01026--023 **35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Custom Closets	by Christine Inc. (Name of Corporation)
	(Name of Corporation)
DOCUMENT NUMBER: P070	00053636
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	acerning this matter to the following:
Christiane Fuchs	
(Name of Perso	on)
Custom Closets by Christin	e Inc.
(Name of Firm/Cor	mpany)
4626 Summer Oak Ave. E.#	933
(Address)	
Sarasota, FL 34243	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Angelika Neumann	at (941) 204-0124 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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,	Angelika Neumann	, hereby resign as_	Director	
		- • • -	(Title)	
of	Custom Closets by Christine Inc.			
	(Name of Corporation	on)		
	P07000053636 .a corpor	ration organized und	der the laws of the Sta	te of
	(Document Number, if known)			
	Florida	• •		
	4 (3			
	\mathcal{A} . \mathcal{N}	2		
	(Signature of	resigning officer/direct	or)	

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