

PO7000128249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

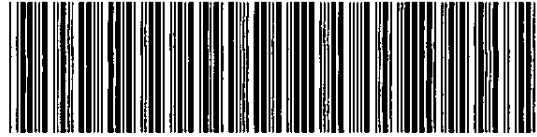
(Business Entity Name)

(Document Number)

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Off / Lin Resign

FILED

08 MAR - 7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASTER CABINETS DESIGNS INC
(Name of Corporation)

DOCUMENT NUMBER: P07000128249

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

Please return all correspondence concerning this matter to the following:

MARIA E VELASCO

(Name of Person)

(Name of Firm/Company)

3523 B AVE K

(Address)

RIVIERA BEACH, FL 33404

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA E VELASCO

(Name of Person)

at (561) 541-2915

(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**


FILED
08 MAR -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARIA E. VELASCO, hereby resign as PRESIDENT
(Title)

of MASTER CABINETS DESIGNS INC.
(Name of Corporation)

P07000128249, 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