## P08000003702

(Requestor's Name)		
(Address)		
(Address)		
(City/	State/Zip/Phon	e #)
		_
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION
(Name of Corporation)
DOCUMENT NUMBER: P08000003702
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
TOMAS VARGAS NEW DIRECTOR/PRESIDENT
(Name of Person)
DE LA RIVA KITCHEN CABINETS INC.
(Name of Firm/Company)
9473 HAYES STREET
(Address)
SPRINGHILL FL. 34608
(City/State and Zip Code)
For further information concerning this matter, please call:
TOMAS VARGAS  at (786) 262-392/ (Name of Person) (Area Code & Daytime Telephone Number)
(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

FILED

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FALLAHASSEE, FLORIDA

LUIS A DE LA RIVA	hereby resign as	RESIDENT/DIRECTOR
-7	,	(Title)
of DE LA RIVA KITCHEN CABINETS		
(Name of Cor	poration)	
P0800003702 , a c	corporation organized under	the laws of the State of
FLORIDA .		
(Signate	ire 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