(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900187747129

11/17/10--01004--002 **35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: WOOD STYLE & DESIGN INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P10000019711	
The enclosed Officer/Director Resignation for a Corporation and fe	ee are submitted for filing
Please return all correspondence concerning this matter to the follo	wing:
JAVIER DE LA HOZ	
(Name of Person)	
WOOD STYLE & DESIGN INC	
(Name of Firm/Company)	
13450 SW 134TH AVENUE #11-B	
(Address)	
MIAMI, FLORIDA 33186	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JAVIER DE LA HOZ at (305) 370	-2560
JAVIER DE LA HOZ (Name of Person) at (305) 370 (Area Code & Day	ytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Departs	ment 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, PATRICIA REYES-ABBONDANZA	, hereby resign as VICE PRESIDENT
	(Title)
of WOOD STYLE & DESIGN INC.	
(Name of Corpora	tion)
P10000019711 , a corpo	oration organized under the laws of the State of
(Document Number, if known)	3
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