## P13000049336

(Requestor's Name)					
(Address)					
(Address)					
(City/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



200254021222

11/21/13--01013--013 \*\*35.00

SECRETARY OF STATE

13 NOV 21 PH 12: 35

APPROVEU AND FILED

C. LEWIS
NOV 2 6 2013
EXAMINER

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PLEMIER CUSTOM CABINETS CORP. (Name of Corporation)
DOCUMENT NUMBER: \$13000047336
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BRET HALEY (Name of Person)
PREMIER CUSTOM CABINETS CORP. (Name of Firm/Company)
5141 RIVA RIDGE DR. (Address)
WESLEY CLAPEL FL. 33544 (City/State and Zip Code)
For further information concerning this matter, please call:
PHYLLS REDDY - LAGY (813) 471-851 (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
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

APROVED AND FILED 18 NOV 21 PM 12: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

I,	BRZT	HALFY	, hereby resign as	s VP
	, ,			(Title)
of	Prama	2 CUSTOM	CABINETS Corporation)	CORP.
	Document Nun	) 4733 (e <sub>., 1</sub>	a corporation organized u	under the laws of the State of
	FLORIS	) A		

(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