

P15000035491

(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



500276435145

08/27/15--01006--028 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG 27 PM 3:55

AUG 28 2015

T CANNON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA KITCHEN AND BATH
(Name of Corporation)

DOCUMENT NUMBER: P15000035491

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

Please return all correspondence concerning this matter to the following:

RAFAEL CRESPO
(Name of Person)

SOUTH FLORIDA KITCHEN AND BATH
(Name of Firm/Company)

614 PINELLAS ST. UNIT B
(Address)

CLEARWATER FL. 33756
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL CRESPO at (813) 369 - 4168
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 27 PM 3:55

I, RAFAEL CRESPO, hereby resign as OFFICER
(Title)

of SOUTH FLORIDA KITCHEN AND BATH INC
(Name of Corporation)

P15000035491, 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