## P15000084059

(Re	questor's Name	)
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## TRANSMITTAL LETTER

SUBJECT: CAMS CUSTOM CABINETS INC

(Name of Corporation)

DOCUMENT NUMBER: P15000084059

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

Please return all correspondence concerning this matter to the following:

SHERRY VIHLEN

(Name of Person)

CAM CUSTOM CABINETS INC

(Name of Firm/Company)

125 E DAVIS INDUSTRIAL DRIVE UNIT 1

(Address)

ST AUGUSTINE, FL 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

SHERRY VIHLEN

(Name of Person)

at (904 826-7345)

(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

TO:

Amendment Section
Division of Corporations

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1,	INEZ, hereby resign as PRESIDENT
CAMS CUSTOM C	(Title)
*1	of Corporation)
P15000084059 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	

FILING FEE IS \$35.00

(Signature of resign

ing officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

