

P160000069446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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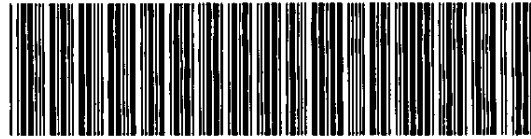
(Business Entity Name)

(Document Number)

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16 OCT 31 AM 10:55  
DIVISION OF CORPORATIONS

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **Designers Cabinetry of Florida**

(Name of Corporation)

DOCUMENT NUMBER: **P16000069446**

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

Please return all correspondence concerning this matter to the following:

**Jennifer Pioli**

(Name of Person)

(Name of Firm/Company)

**1031 NE 17th Ave**

(Address)

**Ft Lauderdale FL 33304**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jennifer Pioli**

(Name of Person)

at

**850 830-1120**

(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

STANDARD FILING  
DIVISION OF CORPORATIONS  
16 OCT 31 AM 10:55

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 31 AM 10:55

I, Jennifer Pioli, hereby resign as President  
(Title)

of Designers Cabinetry of Florida Inc  
(Name of Corporation)

P16000069446, 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