Paa000 23521

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Cartified Casins	Cartificator	and Chahun
Certified Copies	_ Certificates	s of Status
		
Special Instructions to I	Filing Officer:	
J. HORNE		
AUG 2 4 2023		

Office Use Only



000411808520

07/26/23--01010--007 **35.00

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: M & J Cabinetry, In C (Name of Corporation)
DOCUMENT NUMBER: P22000023521
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacob S Vouner (Name of Person)
M& J Cabinetry Inc (Name of Firm/Company)
1941 Park Meadows Dr, unit 2B (Address)
Fort MWNS, FL 33907 (City/State and Zip Code)
For further information concerning this matter, please call:
Jacob S Varner at (217) 530-2098 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Jacob S. Varner, hereby resign as_	President
	(Title)
of M+J Cubinetry Inc (Name of Corporation)	
P 2 2 0 0 0 0 2 3 5 Z 1, a corporation organized und (Document Number, if known)	er the laws of the State of
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