P96000065035

(Reques	tor's Name)	
(Address)		
(Address)		
(City/Sta	te/Zip/Phone #)	
	_	_
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	
Openial medicalesis to 1 mile	, Cinoci.	

Office Use Only



700041761227

M718/04--01025--016 **35.00

SECRETARY OF STANS



TRANSMITTAL LETTER

--- -

TO: Amendment Section Division of Corporations	
SUBJECT: Canac Kitchens	of S.W. Florida, inc.
	(Name of Corporation)
DOCUMENT NUMBER: PS	96000065035
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Daniel A. Duke	
(Name of Pers	ion)
Canac Kitchens of S.W. Flo	orida, Inc.
(Name of Firm/Co	mpany)
601 Del Prado Bvld., #14	
(Address)	
Cape Coral, FL 33909	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Daniel A. Duke	at (239) 458-1500 ext. 33 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e 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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Robert L. Duke	, hereby resign as_	Dir.,VP,Secretary,Treasure ⊂
	, nolvey resign us_	(Title)
of Canac Kitchens of S.W.		,
(N	ame of Corporation)	
(Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida	· · ·	
	Signature of resigning officer/direct	
		OLOCT 18 AM SECRETARY OF TALLAHASSEF
	FILING FEE IS \$35.00	F. C. S. F. F. C. S. F. F. F. C. S. F. F. C. S. F.

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

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