(Requestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2009

KAREN I. SERIO CUBICLE CURTAIN FACTORY, INC. 425 KANUGA DR WEST PALM BEACH, FL 33401

SUBJECT: CUBICLE CURTAIN FACTORY, INC. Ref. Number: P97000020087

We have received your document for CUBICLE CURTAIN FACTORY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The resigning officer must sign below in the space provided on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 809A00033922

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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT:_CUBICLE CURTAIN FACTORY, INC.

(Name of Corporation)

P97000020087 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

KAREN I. SERIO

(Name of Person)

CUBICLE CURTAIN FACTORY, INC.

(Name of Firm/Company)

425 KANUGA DRIVE

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH A. SERIO

(Name of Person)

838-5259 561 at ((Area Code & Daytime Telephone Number)

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

Street Address:

Mailing Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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OFFIC	CER / DIRECTOR RESIGNATION FOR A CORPORATION	DIVISION OF CORPORATION OG NOV-9 PM 12:26
I, KAREN I. SERIO	, hereby resign asV.P. GO	OVERNMENT SALES (Title)
of CUBICLE CURTAIN FA	CTORY, INC.	
01	(Name of Corporation)	3
P97000020087	, a corporation organized under the lav	vs of the State of
(Document Number, if known	•	

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(0)(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

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