P98000031315

(Requestor's Name)	
(Address)	6000
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	. 04/19/
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

RA RES 10 4,25,06



600070744326

04/19/06--01023--024 **87.50

FILED

06 APR 19 AH 101 00

TATY AHASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: Grator Custom Cabinet Doors INC.
DOCUMENT NUMBER: <u>P9800031315</u>
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Debovan A-Tucker (Name of Person)
Grator Custom Caleinet Doors, INC. (Name of Firm/Company)
77735 FALCON Street
City/State and Zip Code)
For further information concerning this matter, please call:
Debovan A. Tu dler at (904) NN -5456 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

(Name of Person)

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dovah Allockor (Name of Registered Agent)
hereby resigns as Registered Agent for Grater Custom Cabinet Doors, I (Name of Corporation)
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Troopan A. Tucker (Typed or Printed Name) President (Capacity)
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation