

P98000050022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

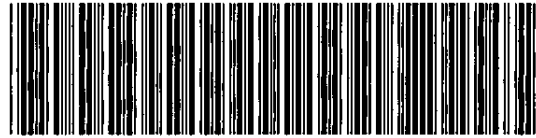
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEON CABINET, CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000050022

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

Please return all correspondence concerning this matter to the following:

Martha Valverde

(Name of Person)

MARTHA VALVERDE, PA

(Name of Firm/Company)

816 NE 5th Street

(Address)

Hallandale Beach, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Valverde

(Name of Person)

at ( 754 ) 581-1662

(Area Code & Daytime Telephone Number)

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

$\frac{72}{70=}$

**Street Address:**

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

**Mailing Address:**

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

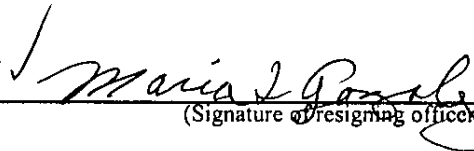
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIA L. GONZALEZ, hereby resign as Director  
(Title)

of LEON CABINET, CORP.  
(Name of Corporation)

P98000050022, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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**07 SEP 17 PM 12:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**