P98000050022

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Mr/Ris Resup

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Amendment Section Division of Corporations

TO:

SUBJECT: LEON	CABINET, CORP.
	(Name of Corporation)
DOCUMENT NUMBER:F	P98000050022
The enclosed Officer/Director I	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	e concerning this matter to the following:
Martha Valvei	rde
(Name of	Person)
MARTHA VALVE	ERDE, PA
(Name of Fire	n/Company)
816 NE 5th Street	
(Addr	ess)
Hallandale Beach, FL 3300	99
(City/State an	d Zip Code)
For further information concern	ing this matter, please call:
Martha Valverde	at (754) 581-1662 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 $\frac{\cancel{4a}}{70}$	made payable to the Florida Department of State.
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

· · · ·	/ DIRECTOR RESIGNATION OR A CORPORATION ALLORS	NED WAR
I, PEDRO A. LEON	, hereby resign as Director (Title)	RO3
of LEON CABINET	T. CORP.	
P98000050022 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	·	• ve