

P04000069769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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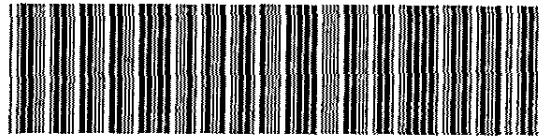
(Business Entity Name)

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TALLAHASSEE, FLORIDA

o/p Res
07/19

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CABINET PRO, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000069769

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

Please return all correspondence concerning this matter to the following:

JACK K. QUINCEY
(Name of Person)

CABINET PRO, INC.
(Name of Firm/Company)

7131 NW 115 STREET
(Address)

CHIEFLAND, FL 32644
(City/State and Zip Code)

For further information concerning this matter, please call:

JACK K. QUINCEY at (352) 493-1617
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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**


FILED
04 JUL 12 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JACK K. QUINCEY, hereby resign as SECRETARY/TREASURER
(Title)

of CABINET PRO, IINC.
(Name of Corporation)

P04000069769, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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