N050000007019

· (Re	equestor's Name)	
(***	,	
(Ad	ldress)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Bu	siness Entity Name	e)
(0.	A Maria	
(DC	ocument Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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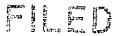
COVER LETTER

TO: **Amendment Section Division of Corporations** Everglade Records, Inc. (Name of Corporation) **DOCUMENT NUMBER: N**05000007019 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: Colby Leider (Name of Person) Everglade Records, Inc. (Name of Firm/Company) 810 Santiago Street (Address) Coral Gables, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: Colby Leider (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 16 MAR -7 PM 4: 33

	SECRETARY OF STATE
Pursuant to the provisions of section	SECRETARY OF STATE TALL AHASSEF, FLORIDA ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Kristine H. Burns
	(Name of Registered Agent)
hereby resigns as Registered Agent	Everglade Records, Inc.
	(Name of Corporation)
N05000007019	
(Document Number, if known)	
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date on which
Lit	HBu
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	(Typed or Printed Name)
	(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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