

P14000067704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

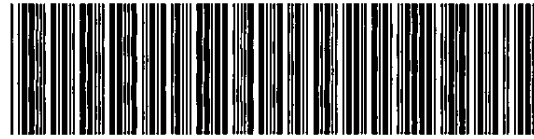
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING CANCELLED
RETURNED CHECK

09/20/16--01019--014 **35.00

FILED
2016 SEP 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/23/16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Glide Soul INC
(Name of Corporation)

DOCUMENT NUMBER: 47-1578100

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

Please return all correspondence concerning this matter to the following:

Michael Anderson
(Name of Person)

(Name of Firm/Company)

4134 Conway Place Cir
(Address)

Orlando FL 32812
(City/State and Zip Code)

For further information concerning this matter, please call:

Natalia Hammond 561-908-4254
*Michael Anderson at (407) 491-7382
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION
FILING CANCELLED
RETURNED CHECK**

I, Michael Anderson, hereby resign as President
(Title)

of GlideSoul, INC.
(Name of Corporation)

47-1578100, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Michael Anderson
(Signature of resigning officer/director)

FILED
2016 SEP 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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