N94000006239

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
 		





300283054873

03/21/16--01012--015 **35.00

16 MAR 21 PM 12: 28

MAR 25 2016 C LEWIS

TRANSMITTAL LETTER

The Everglades Trust, Inc. **SUBJECT:** (Name of Corporation) N94000006239 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: M L Barley, President (Name of Person) The Everglades Trust, Inc. (Name of Firm/Company) 11 Deleon Avenue (Address) Islamorada, FL 33036 (City/State and Zip Code) For further information concerning this matter, please call: M L Barley (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ON SECHETARY OF STATE TONS
16 MAR 21 PM 12: 28

Director	
, hereby resign as	
(Title)	
e of Corporation)	
, a corporation organized under the laws of the State of	
<u></u> ,	
(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