

1407629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

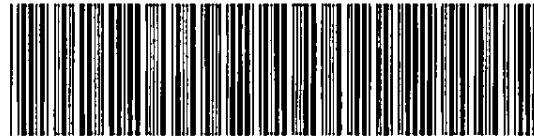
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL

3/14/2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRIAD SEAFOOD, INC.
(Name of Corporation)

DOCUMENT NUMBER: H07629

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

Please return all correspondence concerning this matter to the following:

PAMELA HILTON

(Name of Person)

TRIAD SEAFOOD, INC.

(Name of Firm/Company)

401 SCHOOL DRIVE

(Address)

EVERGLADES CITY, FL 34139

(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA HILTON at (239) 695-2662
(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**

FILED

2023 JAN -4 PM 6:44

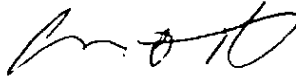
STATE
TALLAHASSEE, FL

I, CHARLES O. HILTON, hereby resign as PRESIDENT/DIRECTOR
(Title)

of TRIAD SEAFOOD, INC.
(Name of Corporation)

H07629, 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