N05000007019

(Re	equestor's Name)	·
, (Ac	ldress)	
(Ac	ldress)	
. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
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resignation 06 officer

03/08/16--01012--014 **35.00

16 HAR -7 PH 1: 28
SECRETARY OF STATE
AHASSEE, FLORIDA

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TRANSMITTAL LETTER

SUBJECT: Everglade Records, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N05000007019

The enclosed Officer/Director Resignation 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)

at (786) 281-1086

(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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

16 MAR -7 PM 4:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, Kristine H. Burns	Treasurer , hereby resign as Treasurer
1,	, nereby resign as (Title)
of Everglade Records,	,
(Name of Cor	poration)
ND 50000 7019 a c	corporation organized under the laws of the State of
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