P02000081295

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

Office Use Only



700191300567

01/18/11--01049--020 **35.00

2011 JAN 18 AM 10: 30
SEGRETARY OF STATE
ALL AHASSEE FISHE

off. Resign

B 1-21-11

COVER LETTER

TO:	FO: Amendment Section Division of Corporations					
SUBJ	JECT: Flame Records, Inc.					
	(Name of Corporation)					
DOC	DOCUMENT NUMBER: P02000081295					
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing					
Please	e return all correspondence concerning this matter to the following:					
Iren	e Adzima					
	(Name of Person)					
	(Name of Firm/Company)					
688	Reillys Road					
	(Address)					
Port	Orange, FL. 32127					
	(City/State and Zip Code)					
For fu	urther information concerning this matter, please call:					
Irene	Adzima at (386) 872-0858 (Name of Person) (Area Code & Daytime Telephone Number)					
	(Name of Person) (Area Code & Daytime Telephone Number)					
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.					
Amen Divisi Cliftor 2661	Mailing Address: Idment Section Ion of Corporations In Building Executive Center Circle In Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314					

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Neve adjine	hereby resign as	Director (Title)	_
of Flance Reco	ame of Corporation)		_,
P02000081295 (Document Number, if known)	, a corporation organized under t	he laws of the State of	
Florida	·	2011 JAN 1	FIL
Diese	(Signature of resigning officer/director)	8 A ID STATISTEE, FLORING	ED

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