

PD4000025467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

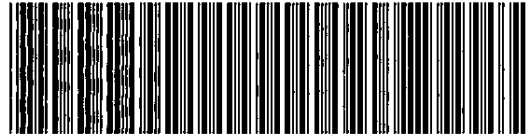
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500209686525

07/07/11--01008--009 **70.00

SH / PD Regio

FILED
11 JUL -7 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sh 7-8-11

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KATHRYN K. BORGLUND hereby resign as PRESIDENT
(Title)
of BORGLUND ENTERPRISES, INC.
(Name of Corporation)
PD4000025467, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Kathryn K. Borglund
(Signature of resigning officer/director)

FILED
11 JUL -7 PM 3:07
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