## POS000081326

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
	·			
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600211300466

08/29/11--01002--022 \*\*35.00

RA Resign

FILED 11 AUG 29 PM 3: 50 SECRETARY OF STATE ANASSEE, FLORIDA

12-31-11

## **COVER LETTER**

	Amendment Section Division of Corporations			
SUBJE	CT: Everglades Realty, Inc.	0.1	60	
		`	of Corporat	ion)
DOCUN	MENT NUMBER: P050000	81326		
The encl	losed Resignation of Registered	Agent fo	r a Corpor	ation and fee are submitted for filing.
Please re	eturn all correspondence concer	ning this	matter to the	ne following:
Travis	W. Trueblood, LL.M.			
	(Name of Person)			-
Truebl	lood Law Group, P.A.			
	(Name of Firm/Compa	ny)		-
P.O. B	3ox 1270			
	(Address)			
Moore	Haven, FL 33471			
	(City/State and Zip Co	de)		-
For furth	her information concerning this	matter, p	ease call:	
Travis '	W. Trueblood, LL.M.	at (	863	946-9160
	(Name of Person)		(Area Code	& Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

के क्ष्र the entry	
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, 453550  Florida Statutes, the undersigned, Travis W. Trueblood  (Name of Registered Agent)	
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Travis W. Trueblood	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Everglades Realty, Inc.  (Name of Corporation)	
P05000081326	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
Trans w. tuchlord	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314