

PI9000067197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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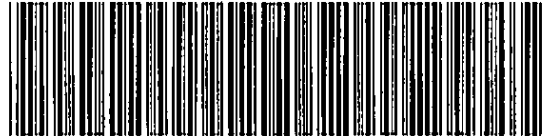
(Business Entity Name)

(Document Number)

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800381453738

Resignation of  
officer

02 14 2022 -- 00:00:00 -- 4435000

2022 FEB 14 AM 11:57  
SECRETARY OF STATE  
MILWAUKEE, WI 53233

FILED

A. RAMSEY

FEB 22 2022

100

**TO:** Amendment Section  
Division of Corporations

SUBJECT: ROTHSCHILD MEDIA LABEL, INC  
(Name of Corporation)

**DOCUMENT NUMBER: P19000067197**

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

**Please return all correspondence concerning this matter to the following:**

**INNA YASHCHYSHYN**  
(Name of Person)

(Name of Firm/Company)

**3470 EAST COAST AVE UNIT 2007**  
(Address)

**MIAMI,FL 33137**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**INNA YASHCHYSHYN** at ( **305** ) **376-1498**  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


**FILED**  
2022 FEB 14 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, **INNA YASHCHYSHYN**, hereby resign as **President**  
(Title)

of **ROTHSCHILD MEDIA LABEL, INC**  
(Name of Corporation)

**P19000067197**, a corporation organized under the laws of the State of  
(Document Number, if known)

**FLORIDA**

 2/7/22  
(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