

P20000063564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

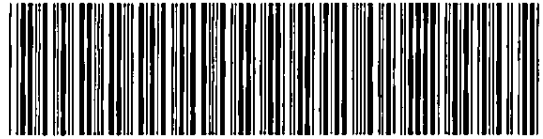
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J. HORNE  
APR 11 2024

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2024 MAR 20 PM 1:20  
CLERK OF COURT  
JULIA A. BROWN  
CLERK

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EVERYONES CHOICE INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P200000063564  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

ECHEVARRIA, KHEIRY  
\_\_\_\_\_  
(Name of Person)

EVERYONES CHOICE INC  
\_\_\_\_\_  
(Name of Firm/Company)

2300 NE 33RD AVE, 405  
\_\_\_\_\_  
(Address)

FORT LAUDERDALE, FL 33305  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ECHEVARRIA, KHEIRY at ( 561 ) 389-3136  
\_\_\_\_\_  
(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  
2024 MAR 20 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ECHEVARRIA, KHEIRY, hereby resign as President  
(Title)

of EVERYONES CHOICE INC  
(Name of Corporation)

P20000063564, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Kheiry Echevarria  
(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