P2100030022

(Re	equestor's Name)	······································
(Ad	idress)	
(Ad	ldress)	
(Ĉit	ty/State/Zip/Phone	#)
☐ SICK-NS	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HO	RNE
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Office Use Only



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TRANSMITTAL LETTER

Reel Slobs, INC. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P21000030622 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Richards (Name of Person) Reel Slobs, INC. (Name of Firm/Company) 125 NW 13th St. Suite B8 (Address) Boca Raton, FL 33432 (City/State and Zip Code) For further information concerning this matter, please call: Michael Richards (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

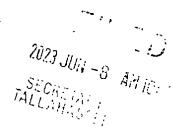
Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Cary Bartlett I.	President	
··	(Title)	
Reel Slobs, INC.		
	me of Corporation)	
P21(000)30622 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	any Ban	
	(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
Tallabarasas Electrica 22214

Tallahassee, Florida 32314