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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

Number : (850)878-5368

## DISSOLUTION OR WITHDRAWAL YOUR TOTAL HEALTH, INC.

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## **COVER LETTER**

	Amendment Section Division of Corporations			
SUBJE	CT: YOUR TOTAL HEALTH, INC.			
	(Name of Corporation)			
DOCU	MENT NUMBER: F99000006442			
The end	closed withdrawal application and fee are submitted for filing.			
	eturn all correspondence concerning this to the following:			
	GABRIELA KORNZWEIG			
	(Name of Person)			
	NBCUNIVERSAL			
(Firm/Company)				
	100 UNIVERSAL CITY PLAZA			
	(Address)			
UNIVERSAL CITY, CA 91608				
	(City/State and Zip code)			
For furt	her information concerning this matter, please call:			
GABF	RIELA KORNZWEIG at (818 ) 777-9872			
	(Name of Person) (Area Code & Daytime Telephone Number)			

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

YOUR TOTAL HEALTH, INC.				
(Name of Cosporation)				
F9900006442				
(Document Number of Corporation	ı (if known)			
DELAWARE				
(Incorporated Under Laws	101)			
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct.  This corporation revokes the authority of its registered agent it	affairs in Florida.	-		
appoints the Department of State as its agent for service of proces time it was authorized to transact business or conduct affairs in Flo	s based on a cause of action arising du	ring the		
The following is a current mailing address for the corporation:			11 3.58	
C/O NBCUNIVERSAL, 100 UNIVERSAL CITY PLAZA (Malling Address)			6	
UNIVERSAL CITY, CA 91608			PH T	
(City/ State /Zip)		T.	00	
The corporation agrees to notify the Department of State in the ful	ture of any change in its mailing addre	\$\$.		
$/ \infty 0 / \infty$	6/13/2011			
receiver or other court appointed flouciary, by that iduciary)	(Dute)			
GABRIELA KORNZWEIG	SECRETARY			
(Typed or printed name of person signing)	(Title of person signing)			
Years There's strain one of				

FILING FEE \$35