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•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(4.7)			
PICK-UP WAIT MAIL			
<u> </u>			
(Business Entity Name)			
(Document Number)			
Certified Copies · · · · Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to a fining officer.			
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09 JUN -5 PM 1:26
SECRETARY OF STATE
ALLAHASSEE, FLORIGA

Of leason C.COULLIETTE

JUN - 8 2009

EXAMINER

COVER LETTER

TO:

Amendment Section Division of Corporations

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

Mailing Address:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Kathleen Sanglo, hereby resign as STD) Title)
of_	Freewellness HSE. com, Inc.	
N	(Document Number, if known). a corporation organized under the laws of the	he State of
	Florida.	
	(Signature of resigning officer/director)	O9 JUN SECRETA TALLIAHAS
	FILING FEE IS \$35.00	SECFLORN SECFLORN SECFLORN

Make checks payable to Florida Department of State and mail to:

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