## TP68000001M

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## **COVER LETTER**

SUBJECT: HEALTHY WORLD AL	LIANCE CORP.
SUBJECT.	(Name of Corporation)
DOCUMENT NUMBER: N10000	0008297
The enclosed Officer/Director Resignat	tion for a Corporation and fee are submitted for filing
Please return all correspondence concer	rning this matter to the following:
Armando Mantilla	
(Name of Person)	
(Name of Firm/Compa	any)
13888 SW 32 Street	
(Address)	
Miami, FL 33175	
(City/State and Zip Co	ode)
For further information concerning this	matter, please call:
Armando Mantilla	at ( 786 ) 250-8252
(Name of Person)	at ( 786 ) 250-8252  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	ayable to the Florida Department of State.
Amendment Section A  Division of Corporations D  Clifton Building Pe	Iailing Address: mendment Section ivision of Corporations ost Office Box 6327 allahassee, FL 32314

1-1

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as
(Title)
<b>&gt;</b> ,
ation)
oration organized under the laws of the State of
T.
12 July 12 Jul
Smallwood) 5.5 (5.5) 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