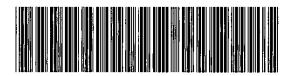
P00000083325

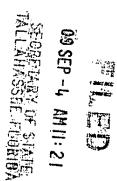
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

Tatallifa Chairna Inc
SUBJECT: Total Life Choices, Inc. (Name of Corporation)
DOCUMENT NUMBER: P00000083325
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Liz Stuart
(Name of Person)
Total Life Choices, Inc.
(Name of Firm/Company)
3180A Parrish Street
(Address)
Cottondale, Florida 32431
(City/State and Zip Code)
For further information concerning this matter, please call:
Liz Stuart at (850) 364-4722 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Sarah Caraway	, hereby resign as Secretary/Treasurer
7	(Fitle)
of Total Life Choices, Inc.	
(Name of Cor	poration)
P00000083325 , a c	corporation organized under the laws of the State of
Florida	
Canal Ca	wan On

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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