

FD/XX0006483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

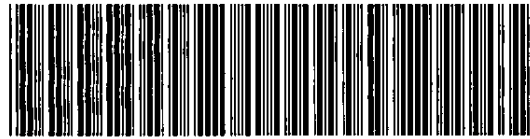
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Wellness Institute of Orlando, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000006483

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Freeman

(Name of Person)

The Wellness Institute of Orlando, Inc.

(Name of Firm/Company)

1448 Newbridge Lane

(Address)

Orlando, FL 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Freeman

(Name of Person)

at (407) 860-8023

(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**


I, Linda D Freeman, hereby resign as Director
(Title)

of The Wellness Institute of Orlando, Inc.
(Name of Corporation)

P01000006483, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

) effective 9/30/10.
DD


(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
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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