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COVER LETTER

TO: Amendment Section Division of Corporations	·
SUBJECT: Advanced Nutritional	
	(Name of Corporation)
DOCUMENT NUMBER: P0100	00075350
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
George dePozsgay	
(Name of Perso	on)
(Name of Firm/Cor	mpany)
2655 Le Jeune Rd. Ste. 303	
(Address)	
Coral Gables FL 33134 horrs	
(City/State and Zip	(Code)。
For further information concerning t	his matter, please call:
George dePozsgay	at (305) 448-2131
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.
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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Ge	eorge dePozsgay
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Advanced Nutritional Biosystems, Inc.
	(Name of Corporation)
P01000075350	
(Document Number, if known)	_
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
Csearo	ede Pasgan
(Si	gnature of Resigning Agent) (
If signing on behalf of an entity:	
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•	•
	Typed or Printed Name)
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	(Capacity)
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For for Slin	g this document:
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314