

PD1000118560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

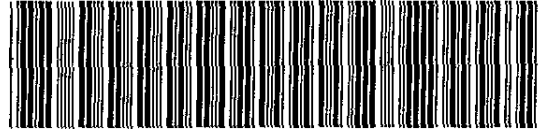
(Business Entity Name)

(Document Number)

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04 AUG 18 PM 3:42

CLERK OF STATE  
ALLAHASSEE, FLORIDA

PS 8/18/04  
2/10/05

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATIVE FOODS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000118560

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

Please return all correspondence concerning this matter to the following:

ERNEST HANDS  
(Name of Person)

NATIVE FOODS INC  
(Name of Firm/Company)

9811 Hallybrook LAKE DR.  
(Address)

PEMBROKE PINES FL 33025  
(City/State and Zip Code)

For further information concerning this matter, please call:

ERNEST HANDS at (904) 394-6550  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

04 AUG 18 PM 3:43

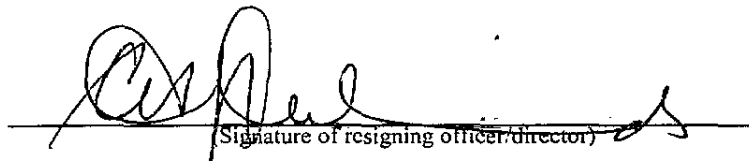
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, CARLEEN H. RICHARDS, hereby resign as DIRECTOR  
(Title)

of NATIVE FOODS INC.  
(Name of Corporation)

P01000118560, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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