## P02000041659

(Re	questor's Name)	
(Ad	dress)	······································
(Add	dress)	
•	ŕ	
(Cit	y/State/Zip/Phone	<del>. 10</del>
(Citi	y/State/Zip/Filone	<del>; #</del> )
PICK-UP	☐ WAIT	MAIL
(0	siness Entity Nam	20)
(ou:	sniess Enuty Nan	ie)
(Document Number)		
Certified Copies	Certificates	of Status
		1
Special Instructions to F	-iling Officer:	j
		İ
	F-1	

Office Use Only



700061011367

18/31/05--00013--005 \*\*\*\*\*.56

FILED

05 0CT 31 AM 10: 14

1 AMASSEE FISHE

or or or

## **COVER LETTER**

TO: Amendment Section  Division of Comparations
Division of Corporations
SUBJECT: WELLNESS ALLIANCE, INC.
(Name of Corporation)
DOCUMENT NUMBER: P02000041659
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacalyn N. Kolk, Esq.
(Name of Person)
Jacalyn N. Kolk, P.A.
(Name of Firm/Company)
P.O. Box 59462
(Address)
Panama City, FL 32412
(City/State and Zip Code)
For further information concerning this matter, please call:
Jacalyn N. Kolk, Esq. at (850) 785-0535  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Ja	acalyn N. Kolk
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Wellness Alliance, Inc.
	(Name of Corporation)
P02000041659	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
<u>la c</u>	ignature of Resigning Agent)
If signing on behalf of an entity:	T CHARTARY AHASSEE
Jacalyn N. Kolk	(Typed or Printed Name)
	(Typed or Printed Name)
Registered Agent	t
	(Capacity)

## Fee for filing this document:

\$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