

FD 2000066747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

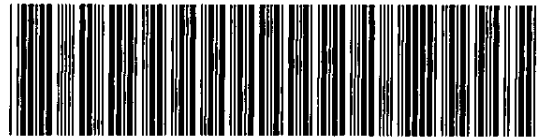
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

11 23 17

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Nutrition and Wellness Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000066747

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

Please return all correspondence concerning this matter to the following:

William Radke

(Name of Person)

Nutrition and Wellness Center

(Name of Firm/Company)

9953 West Hillsborough Ave.

(Address)

Tampa, FL 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

William Radke

at ( 813 ) 789-1118

(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**

I, William Radke, hereby resign as President  
(Title)

of Nutrition and Wellness Center, Inc.  
(Name of Corporation)

P02000066747, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

*William Radke*  
(Signature of resigning officer/director)

**FILED**  
2001 NOV 20 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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