P32000/18665

(Re	questor's Name)	i		
(Ad	dress)			
(Ad	dress)	·		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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	Office Use Or	aly all		
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OLO JAN -4 AM 9: 43 ECRETARY OF THE BILL LLAHASSEE, FLEEBLA

COVER LETTER

TO: Amendment Son Division of Co	
SUBJECT: Advoca	re Inc.
	(Name of Corporation)
DOCUMENT NUMI	BER:P02000112665
The enclosed Officer/f	Director Resignation for a Corporation and fee are submitted for filing
Please return all corre	spondence concerning this matter to the following:
Marty R Seigel	
	(Name of Person)
Advocare Inc.	
(Na	me of Firm/Company)
2000 S Ocean Blvo	l, Ste Y11
	(Address)
Delray Beach, FL	33483
(Cit	y/State and Zip Code)
For further information	n concerning this matter, please call:
Marty R Seigel	at (954) 333-8749 (Area Code & Daytime Telephone Number)
(Name	of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check fo	r \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Circle Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

· . . · · ·

I. Marty R Seigel	, hereby resign as Director		
	,5,5,	(Title)	
of Advocare Inc.			•
	(Name of Corporation)		-
P02000112665	, a corporation organized under the laws	of the State of	
(Document Number, if known)	· -		
Florida			
A	Meire 12/29/09	2010 JAN -1 SECRETAR TALLAHASS	P)
	(Signature of resigning officer/director)	N-4 AM 9: 1 IARY 3: 31-51-51 ASSEE FLORI	- Comme

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