

P 03000000979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

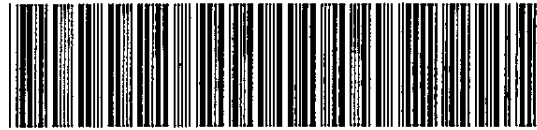
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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KRYSTAL HEALTH VITAMINS & HERBS, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000000979

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

CLAUDIA RIOS

(Name of Person)

KRYSTAL HEALTH VITAMINS & HERBS, INC

(Name of Firm/Company)

604 B EAST VINE STREET

(Address)

KISSIMMEE, FLORIDA 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

GRACE PATTISON

(Name of Person)

at (407) 933-7779
(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


2004 JUN 16 AM 7:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, AARON RIOS, hereby resign as PRESIDENT
(Title)

of KRYSTAL HEALTH VITAMINS AND HERBS, INC
(Name of Corporation)

P03000000979, a corporation organized under the laws of the State of
(Document Number, if known)


(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