

P03000068150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

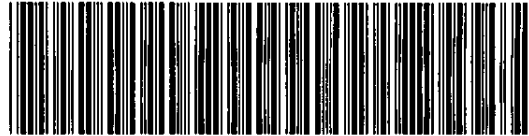
(Business Entity Name)

(Document Number)

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010 Resignation

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vitamins 4 You, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000068150

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

Please return all correspondence concerning this matter to the following:

John R. Istad  
(Name of Person)

Vitamins 4 You, Inc  
(Name of Firm/Company)

1105 SE Port St. Lucie Blvd  
(Address)

Port Saint Lucie, FL 34952  
(City/State and Zip Code)

For further information concerning this matter, please call:

John R. Istad at ( 772 ) 418 - 7680  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE  
SECRETARY OF STATE

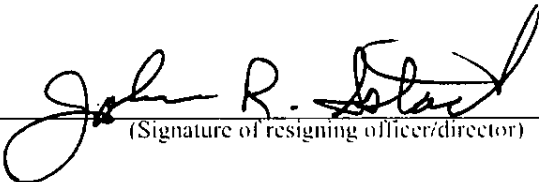
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, John R. Istad, hereby resign as President  
(Title)

of Vitamins 4 You, Inc  
(Name of Corporation)

P03000068150, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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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