

PD4000123346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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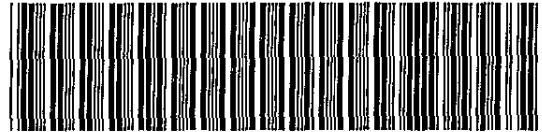
(Business Entity Name)

(Document Number)

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05 JUL 15 PM 1:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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O/D. 68.

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Breathe Easy Medical, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P04000123346

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

Please return all correspondence concerning this matter to the following:

Shawn Quinn

(Name of Person)

Breathe Easy Medical, Inc.

(Name of Firm/Company)

944 Club Hills Drive

(Address)

Eustis, FL 32726

(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn Quinn

(Name of Person)

at (

352

) 516-0665

(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**  
05 JUL 15 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Kristie Willis, hereby resign as Director, V.P. & Secretary  
(Title)

of Breathe Easy Medical, Inc.  
(Name of Corporation)

P04000123346, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Kristie Willis  
(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