

P05000016342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

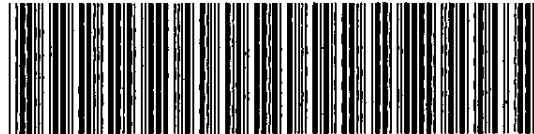
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700135405407

09/10/08--01015--004 **87.50

FILED
08 SEP 10 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign

SEP 12 2008

CL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEADACHE Precision Acupressure Technology, Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000016342

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie & Steve Sanders
(Name of Person)

Principal Address of Company
(Name of Firm/Company)

3480 Southern Orchard Road, East
(Address)

DAVIE, FL 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie Sanders at (954)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Mary Bergquist
(Name of Registered Agent)

hereby resigns as Registered Agent for Headache Precision Acupressure
(Name of Corporation) TECHNOLOGY, INC

POS-000016342
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.
New mailing Address is now the Principal Address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

[Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
08 SEP 10 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314