

POS000028469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

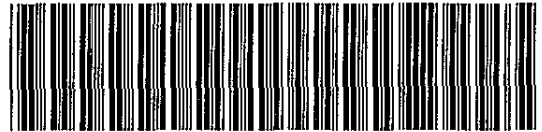
(Business Entity Name)

(Document Number)

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05 OCT 24 AM 10:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Ps 10/26/05  
n/p les.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Natural Biz, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P05000028469

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

Please return all correspondence concerning this matter to the following:

Holly Cohen

(Name of Person)

Natural Biz, Inc.

(Name of Firm/Company)

1380 Miami Gardens Drive, Suite 255

(Address)

North Miami Beach, Florida 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Cohen

(Name of Person)

at ( 305 ) 945-9449

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

05 OCT 24 AM 10: 25

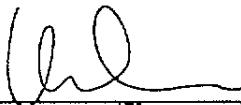
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Lewis R. Cohen, hereby resign as Vice President  
(Title)

of Natural Biz, Inc.  
(Name of Corporation)

P05000028469, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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