## P05000036758

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DIVISION OF CORPORATIONS
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## TRANSMITTAL LETTER

Division of Corporations

SUBJECT: Optimal Health Enterprises. Inc
(Name of Corporation)

DOCUMENT NUMBER: Posoco36758

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

Please return all correspondence concerning this matter to the following:

Kayor Bannes.

(Name of Person)

Optimal Health Ent. Inc
(Name of Firm/Company)

2436 AdviumCir
(Address)

Orlando, Fl. 32808
(City/State and Zip Code)

For further information concerning this matter, please call:

Keyroy Barnes at (407) 855-2268.

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

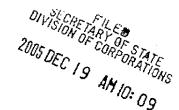
TO:

Amendment Section

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Street Address:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Kgroy Barn	hereby resign as	C.E.O.
of Optimal Hear	the Ent., Z	<u>nc.</u> ,
(Document Number, if known)	of Corporation), a corporation organized un	der the laws of the State of
Florida USA	6	

(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