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(Re	equestor's Name)	
(Ac	ldress)	
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Special Instructions to	Filing Officer:	
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SEURETARY OF STATE
AND ASSEE FLORIDA

Officer Resign Crin Murphy 12/20/07

COVER LETTER

SUBJECT: BE, THINK & LIVE WELL, INC. (Name of Corporation)
DOCUMENT NUMBER: POLOUOUO 4142
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
BE, THINK & LIVE WELL, INC (Name of Firm/Company)
(Name of Firm/Company) 2319 TRUBOR ST. APT 7 BEFORE ADRESS 11 (Address) 7840 Rock PIUN) FL 33029
MOLLYWOOD FL 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
710011 0 1100 = 121

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι,	CAPHED TORO, hereby resign as PARK	itle)	
of_	BE, THINK & LIVE WELL, INC. (Name of Corporation)		_•
P (Obcument Number, if known), a corporation organized under the laws of the	e State of	
	FLORIDA.		
	(Signature of resigning officer/director)	O7 DEC 19 PM 2: 15 PALLAHASSEE, FLORIDA	FILED

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314