

PO6000063117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

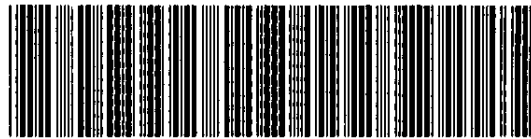
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

7-29-10

De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Natural Health Sources Corp
(Name of Corporation)

DOCUMENT NUMBER: PD6000063117

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

Please return all correspondence concerning this matter to the following:

Eyleen Hernandez
(Name of Person)

Natural Health Sources Corp
(Name of Firm/Company)

840 E 16 PL
(Address)

Hialeah FL 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

Yolanda Cisneros at (305) 300. 5921
(Name of Person) (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**

I, Eyleen Hernandez, hereby resign as Vice President
(Title)
of Natural Health Sources, Corp
(Name of Corporation)

PO6000063117

(Document Number, if known)

Florida

Eyleen Hernandez
(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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 JUL 28 AM 8:06

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