

P06000141161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

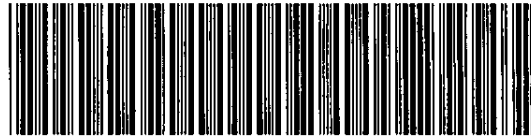
(Business Entity Name)

(Document Number)

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200256962362

resignation  
to officer

02/20/14--01014--003 \*\*35.00

FILED  
2014 FEB 20 PM 1:12  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

DR  
2/21/14

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ESSENTIAL WELLNESS INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P06000141161

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

Please return all correspondence concerning this matter to the following:

**JOHN KSIAZEK**

(Name of Person)

Essential Wellness INC

(Name of Firm/Company)

**9 CURTIS CT**

(Address)

**PALM COAST, FL 32137**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JOHN KSIAZEK**

(Name of Person)

at ( **561** ) **644-0844**

(Area Code & Daytime Telephone Number)

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
2014 FEB 20 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**VICE PRESIDENT**  
(Title)

I, TAMRA S KSIAZEK, hereby resign as \_\_\_\_\_

of ESSENTIAL WELLNESS, INC.  
(Name of Corporation)

P06000141161, 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