Po6000143945

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/03/07--01053--001 **35.00

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COVER LETTER

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

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION	TALLAHASSEE. FLORIDA
I, <u>Carla Benson</u> , hereby resign as_	(Title)
of Trusted Organic Prox (Name discorporation)	ducts, Inc.
PO 6000 143945, a corporation organized under (Document Number, if known) Flor, La	er the laws of the State of

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