

PO7000002373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

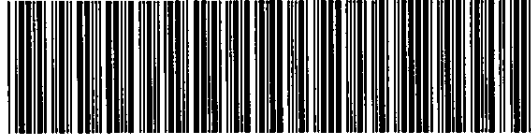
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 MAR - 4 AM 8:48

CL
3-6-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vital Rx, Inc
(Name of Corporation)

DOCUMENT NUMBER: P07000002373

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

Please return all correspondence concerning this matter to the following:

Serge Francois
(Name of Person)

Vital Rx, Inc
(Name of Firm/Company)

1000 East Atlantic Blvd, #110
(Address)

Pompano Beach, Florida 33060
(City/State and Zip Code)

For further information concerning this matter, please call:

Serge Francois at 954 366-6519
(Name of Person) (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**

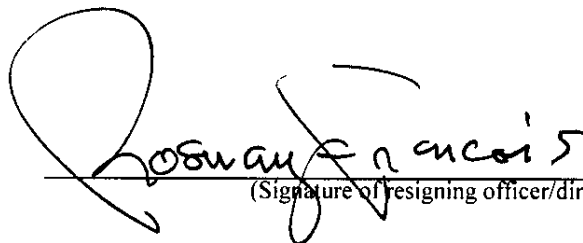
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DIVISION OF CORPORATIONS

15 MAR -4 AM 8:48

I, Rosemary Francois, hereby resign as Treasurer
(Title)

of Vital Rx, Inc
(Name of Corporation)

P07000002373, 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