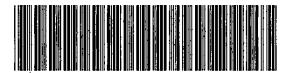
P07000014118

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	ldress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(, ,,,		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cit	ty/State/Zip/Phone	#)
(Document Number)	PICK-UP	☐ WAIT	MAIL
(Document Number)			
(Document Number)	/Di	cinoss Entity Nom	
Certified Copies Certificates of Status	(Bu	isiness Entity Nami	e)
Certified Copies Certificates of Status			
	(Document Number)		
			٠
Special Instructions to Filing Officer:	Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:			····
·	Special Instructions to	Filing Officer:	
,			
			·

Office Use Only



000104542390

06/25/07--01024--006 **35.00

97 JUN 25 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, ELORIO,

AFFNOYED AND FILED

on Resign.

C. Goulliette JUN 2 7 2007

COVER LETTER

SUBJECT: NA + 4RA BIOMEDIC CORP (Name of Corporation) DOCUMENT NUMBER: PO7 0000 14118
(Name of Corporation)
DOCUMENT NUMBER: 1 0 1 0 000 1 9 1 1 3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FANNY RAMILEZ (Name of Person)
(
Famuel Lampe
(Name of Firm/Company)
Famuel Ramine (Name of Firm/Company) 8889 Foyntanblen Blud #502 (Address)
(Address)
M/Any, FL. 33/72 (City/State and Zip Code)
For further information concerning this matter, please call:
Fanny Ramikez at (305) 552-6216 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Farry RAM	1Rez, hereby resign as Secretary (Title)
of NATURAL B	romedik Corp. ne of Corporation)
P 07 000 3 /4/18 (Document Number, if known)	, a corporation organized under the laws of the State of
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