

PO7000114138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

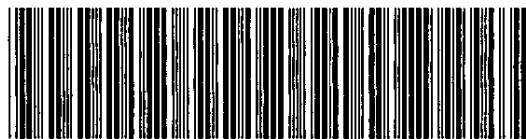
(Business Entity Name)

(Document Number)

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SECRETARY OF DEFENSE
DIVISION OF COMPTROLLER

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AMENDED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TEAM Natural, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

David M. Locks

(Name of Person)

TEAM Natural, Inc.

(Name of Firm/Company)

8457 Peaks Road

(Address)

Hanover, VA 23069

(City/State and Zip Code)

For further information concerning this matter, please call:

Howard Gills

(Name of Person)

at (804) 329-2818
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2012

DAVID M. LOCKS
TEAM NATURAL INC.
8457 PEAKS ROAD
HANOVER, VA 23069

SUBJECT: TEAM NATURAL INC.
Ref. Number: P07000114138

We have received your document for TEAM NATURAL INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records reflect the President/Treasurer/Director as DAVE LOCKS. Please list the officer as such on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 012A00018229

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

AMENDED
↓

I, Dave David M. Locks, hereby resign as Director and President and Treasurer
(Title)

of TEAM Natural, Inc.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

12 AUG 13 AM 9:03
SECRETARY OF CORP. DIV.
DIVISION OF CORPORATIONS

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