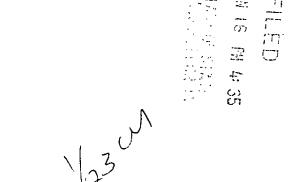


(Requestor's Name)			
(Address)			
(Address)			
(and the second			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Dovanie Hamber)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special mendedone to 1 ming emech.			





01/16/14--01003--009 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Mule's Biocentical's (Name of Corporation)			
DOCUMENT NUMBER: <u>P080000000 2.3</u>			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
Lisa Zuck (Name of Person)			
(Name of Firm/Company)			
1427 SW 52nd Lane (Address)			
Cape Cot of 7/ 33914 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Lisa Zuck at (239) 357-8385 (Name of Person) at (239) 357-8385 (Area Code & Daytine Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State.			
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Hisa Gyck	, hereby resign as	Scretary/Loanner
of Mature's	Dio Couticol's (Name of Corporation)	he.
	(Name of Corporation)	
P08000000023	, a corporation organized und	ler the laws of the State of
(Document Number, if known)	
Honida	<u>.</u>	
	(Signature of resigning officer/director	FILED 135

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