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(Requestor's Name) (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:	DODOTOSOLO SUBJECTIVA SUBJECTI SUBJECTIVA SUBJECTIVA SUBJECTIVA SUBJECTIVA SUBJECTIVA SU
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COVER LETTER

TO: Amendment Section Division of Corporations

(Name of Corporation) (Name of Corporation) SUBJECT:

DOCUMENT NUMBER: $\rho_{03000020061}$

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

Please return all correspondence concerning this matter to the following:

MAtthew Kent (Name of Person)

Natural Pocken Internation, Inc.

<u>(4169 57 CF.</u> (Address)

UERO Beach FL 32967 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (954) 520 2395 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION TALLAHASON OF STATE I, Robert KEnt, hereby resign as V of Mataria Rock Ant International (Name of Corporation) Viee DOCOD 16062 (Document Number, if known) ____, a corporation organized under the laws of the State of 0 ~ · · ·

(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