

P08000022256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

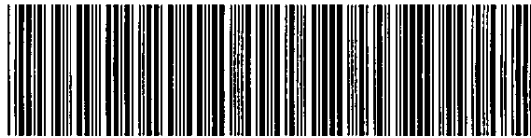
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09 JUN 12 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*OK 6/16/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Total Wellness Events

(Name of Corporation)

**DOCUMENT NUMBER:** P08000022256

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

Please return all correspondence concerning this matter to the following:

Kristine E. Suske

(Name of Person)

(Name of Firm/Company)

43684 Savona Street

(Address)

Temecula, CA 92592

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristine Suske

(Name of Person)

at ( 619 ) 884 0930

(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**

I, Kristine E. Suske, hereby resign as STVD  
(Title)

of Total Wellness Events, Inc.  
(Name of Corporation)

P08000022256, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**09 JUN 12 PM 3:09**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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