logida Department of State

on of Corporations

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Division of Corporations

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From;

Account Name : AGENTS AND CORPORATIONS, INC

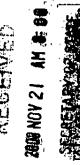
Account Number : 120010000112

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: (302)575-0875

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## REGISTERED AGENT RESIGNATION

PV GOOD HEALTH INC.

Certificate of Status	0
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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Agents and Corporations, Inc.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for PV GOOD HEALTH INC.	
(Name of Corporation)	
P08000057461	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
All Mon	
(Signature of Resigning Agent)	4
(Signature of Resigning Agent)  If signing on behalf of an entity:	77
John L. Williams	
(Typed or Printed Name)	O
(Typed or Printed Name)  Vice President	

## Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)