

PD8000107361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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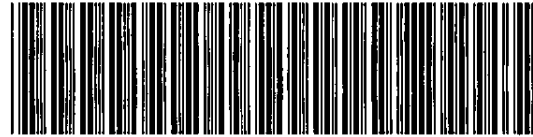
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HONEYSETT ACUPUNCTURE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** #001

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

Please return all correspondence concerning this matter to the following:

WILLIAM LUCAS  
(Name of Person)

HONEYSETT ACUPUNCTURE  
(Name of Firm/Company)

1050 RIVERSIDE AVE SUITE B  
(Address)

JACKSONVILLE, FL 32204  
(City/State and Zip Code)

For further information concerning this matter, please call:

HALEY HONEYSETT at (904) 304-5011  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

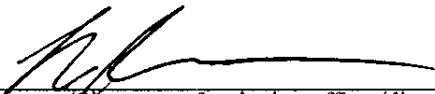
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, WILLIAM LUCAS, hereby resign as DIRECTOR  
(Title)

of HONEYSETT ACUPUNCTURE, INC  
(Name of Corporation)

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

FLORIDA

  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 NOV 22 PM 5:22

**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