

PD 90000 99/81

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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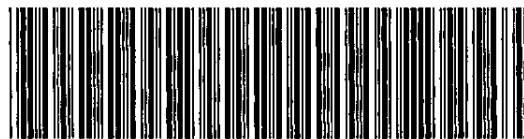
(Business Entity Name)

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[Handwritten signatures and initials]

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANTHIGIRI AYURVEDIC HEALTH CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P09000099181

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

Please return all correspondence concerning this matter to the following:

SATHYANARAYANAN MELEKALATHIL
(Name of Person)

SANTHIGIRI AYURVEDIC HEALTH CENTER INC
(Name of Firm/Company)

13999 DARCHANCE RD
(Address)

WINDERMERE, FL 34786
(City/State and Zip Code)

For further information concerning this matter, please call:

SATHYANARAYANAN at (407) 718 6962
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SATHYANARAYANAN MELEKALATHIL, hereby resign as SECRETARY
(Title)

of SANTHIGIRI AYURVEDIC HEALTH CENTER INC,
(Name of Corporation)

P09000099181, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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