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Certif	ied Copies		Certificate	s of Status
Spe	ecial Instructio	ns to f	Filing Officer:	

Office Use Only



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SECRETARY OF STATE FALLAHASSEF, FLORID!

APPROYEL



COVER LETTER

UBJECT: Natural Nutra Life Inc
(Name of Corporation)
OCUMENT NUMBER: p1000005474
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
lease return all correspondence concerning this matter to the following:
Indira Vargas
(Name of Person)
Natural Nutra Life Inc
(Name of Firm/Company)
3650 NW 82nd Ave Ste 405
(Address)
Doral, Florida 33166
(City/State and Zip Code)
or further information concerning this matter, please call:
Fnclira Varça at (352) 786-8835 (Area Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Leo cle lu Hoz, hereby resign as Fercelas (Title)		
of Natura Life INC (Name of Corporation)		
7/0000547 \(), a corporation organized under the laws of the State of (Document Number, if known)		
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1		
(Signature of resigning officer/director)	No (harb 29	<u>-11</u>

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