

P10000101921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

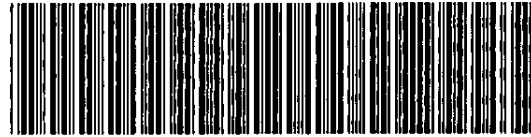
(Business Entity Name)

(Document Number)

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400215145634

*Resignation
of Officer*

12/19/11--01024--013 **35.00

FILED
2011 DEC 19 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AOR
12/20/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elite Health And Wellness Clinic, INC
(Name of Corporation)

DOCUMENT NUMBER: P10000101921

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

Please return all correspondence concerning this matter to the following:

Catina Iott
(Name of Person)

Elite Health And Wellness Clinic, Inc
(Name of Firm/Company)

720 Collins Ave #407
(Address)

Miami Beach, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Catina Iott at (796) 376 0999
(Name of Person) (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

FILED

2011 DEC 19 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Catina Holt, hereby resign as President
(Title)

of Elite Health And Wellness Clinic, Inc
(Name of Corporation)

P10000101921, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Catina Holt
(Signature of resigning officer/director)

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