

P11000046656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

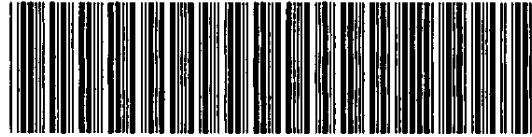
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400269706204

02/24/15--01005--023 \*\*35.00

15 FEB 24 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

FEB 27 2015

RECEIVED

*Handwritten signature/initials*

## TRANSMITTAL LETTER

**TO: Amendment Section  
Division of Corporations**

**SUBJECT:** Chile Natural Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** <sup>1</sup>

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

**Please return all correspondence concerning this matter to the following:**

Jack Cohen

---

(Name of Person)

Jack Cohen  
\_\_\_\_\_  
(Name of Firm/Company)

1945 S. Ocean Dr. Apt. 612  
\_\_\_\_\_  
(Address)

Hallandale, Florida 33009

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(City/State and Zip Code)

**For further information concerning this matter, please call:**

Markowicz Law Office 786 619-3148  
\_\_\_\_ at (\_\_\_\_)  
(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

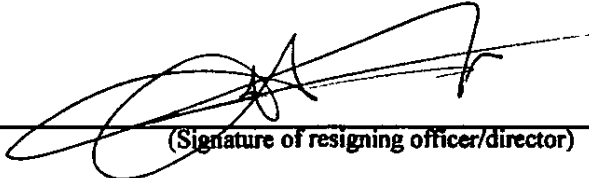
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jack Cohen, hereby resign as Director  
(Title)

Chile Natural Inc.  
of \_\_\_\_\_  
(Name of Corporation)

P11000046656, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
\_\_\_\_\_  
(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

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