

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2014

GINA BRIN
4300 NW 114 AVE
SUNRISE, FL 33323

SUBJECT: HEALTH FROM NATURE CORP.
Ref. Number: P11000071435

We have received your document for HEALTH FROM NATURE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file a resignation of registered agent for an active corporation is \$87.50. As such, an additional filing fee of \$52.50 is required for this filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 214A00002771

RECEIVED

14 FEB 26 AM 11:05

REGULATORY SPECIALIST II
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health From Nature Corp
(Name of Corporation)

DOCUMENT NUMBER: P11000071435

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gina Brin
(Name of Person)

Health From Nature Corp
(Name of Firm/Company)

4300 NW 114 Ave
(Address)

Sunrise FL 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Brin at (954) 865-1434
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, RICARDO SOLINAS
(Name of Registered Agent)

hereby resigns as Registered Agent for HEALTH FROM NATURE CORP
(Name of Corporation)

P11000071435
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
14 FEB 28 PM 4:25
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**