

PI1000107788

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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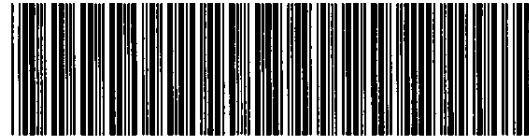
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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T. BROWN

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Om Gaia Wholistic Center, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P11000107788

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

Please return all correspondence concerning this matter to the following:

Estella R. Freeman

(Name of Person)

Om Gaia Wholistic Center, Inc.

(Name of Firm/Company)

312 12th Street West

(Address)

Bradenton, FL 34205

(City/State and Zip Code)

For further information concerning this matter, please call:

Estella R. Freeman

(Name of Person)

at ( 941 ) 747-1922

(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**

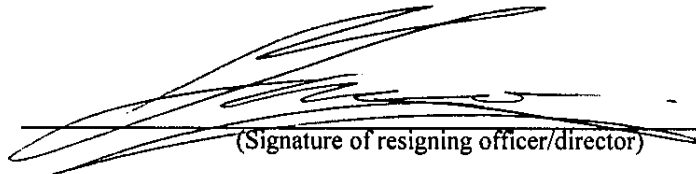
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DIVISION OF CORPORATIONS  
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I, Patricia Sawyer, hereby resign as Secretary  
(Title)

of Om Gaia Wholistic Center, Inc.  
(Name of Corporation)

P11000107788, 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