## P120000172110

(Requestor's Name)			
(Address)			
(Ad	Idress)		
(Cit	ty/State/Zip/Phone	e #)	
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PICK-UP	☐ WAIT	MAIL	
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(Bu	isiness Entity Nar	ne)	
(Do	cument Number)		
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GAS.

SEP 1 6 2015 C. CARROTHERS

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, JOHN VOG <b>Æ</b> L	, hereby resign as OFFICER
-7	(Title)
of VIBRATORY CONC	EPTS INC
	Corporation)
P12000072110 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
- Jaste	h Voya gnature 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

## TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Resignation of Officer			
(Name of Corporation)			
DOCUMENT NUMBER: P12000072110			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JOHN VOGEL  (Name of Person)			
VIBRATORY CONCEPT INC (Name of Firm/Company)			
7833 CLARK MOODY BLVD (Address)		27168	
PORT RICHEY, FL. 34668		SEP 12	e e e e e e e e e e e e e e e e e e e
(City/State and Zip Code)	San Table	1.	; 1
For further information concerning this matter, please call:			
JOHN VOG & 727 736-6989	T 17 1	<b>∷</b>	
(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

TO:

Amendment Section

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