

P130000012596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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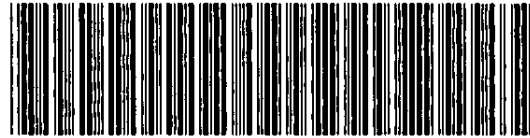
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Honeysett ACUPUNCTURE SOUTH, INC.
(Name of Corporation)

DOCUMENT NUMBER: #002

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

Please return all correspondence concerning this matter to the following:

WILLIAM LUCAS
(Name of Person)

Honeysett ACUPUNCTURE SOUTH
(Name of Firm/Company)

1050 RIVERSIDE AVE SUITE B
(Address)

JACKSONVILLE FL 32204
(City/State and Zip Code)

For further information concerning this matter, please call:

HALEY Honeysett at (904) 304-5011
(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

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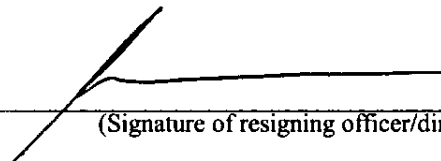
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WILLIAM LUCAS, hereby resign as DIRECTOR
(Title)

of HONEYSETH ACUPUNCTURE SOUTH,
(Name of Corporation)

#002, 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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DIVISION OF CORPORATIONS
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