

795000086653

Nutritionally Yours Weight Loss Center

679 Alderman Road • Palm Harbor, FL 34683

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
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- ☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy
☐ Certificate of Service

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☒	Resignation of R.A. Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

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 -10/24/97-01115-015
 *****35.00 *****35.00

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

[Signature] 10/18



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF PINELLAS

I, Lois H. ANDERSON, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

BOARD OF DIRECTOR
AND
PRESIDENT of
(Title)

I, Lois H. ANDERSON, hereby resign as PRESIDENT of
NUTRITIONALLY YOURS, INC., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Lois H. Anderson
Signature of resigning officer/director

Sworn to and subscribed before me this 21 day of OCTOBER 97.

Known to me by Florida

Drivers License # A5365284 6 8780 NOTARY PUBLIC



Gary A. Meade
MY COMMISSION # CC643426 EXPIRES
April 29, 2001
BONDED THROUGH TROY FAIR INSURANCE, INC.

My Commission Expires:

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E044 (7-90)