

P98000040247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

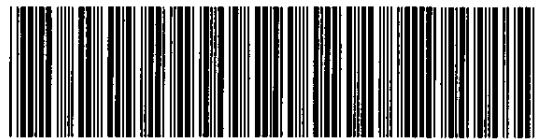
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

TB

3-12-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Anti Aging Health Store, Inc
(Name of Corporation)

DOCUMENT NUMBER: P98000040247

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

Please return all correspondence concerning this matter to the following:

Nancy Horne
(Name of Person)

Anti-Aging Health Store, Inc
(Name of Firm/Company)

5215 W. Colonial Dr.
(Address)

Orlando, FL 32808
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Horne at (407) 445-9936
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert A. Lieberman MD. hereby resign as Shareholder director
officer, owner ^(file)

of Anti-Aging Health Store, Inc.
(Name of Corporation)

P98000040247 a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Robert A. Lieberman MD.
(Signature of resigning officer/director)

FILED
2008 MAR 10 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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