P99000082713

(Re	equestor's <u>Name</u>)	·,
	Tim Howell	
	319 Sir Lawrence Dr	i.
1 6	Sanford, FL 32773	[
(Ac	ldress)	
		•
	. (O) - 1 - (7) - (D) 40	
(Cr	ty/State/Zip/Phone #)
-	_	
PICK-UP	WAIT.	MAIL
•		
, (Bu	isiness Entity Name)	1
(Do	ocument Number)	
(2)	, out the training of	
Certified Copies	Certificates of	Status
		•
Special Instructions to	Filing Officer:	
	Office Use Only	



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FILEU 2009 MAR -6 AM 8: 52 SECRETARY OF STATE SECRETARY OF STATE

off. Resign.

TB 3/10/29

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Lie Balance Oulinited, Inc. (Name of Corporation)		
DOCUMENT NUMBER: \$99000 8 2013		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please return all correspondence concerning this matter to the following:		
Timothy Michael Houell, Ja (Name of Person)		
Lie Balance Unlimited Inc. (Name of Firm/Company)		
319 Sir Lawrence Drive (Address)		
Sanford Florian 32773 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael Jouell at (407) 383-8259 (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

ZONG MAR - 6 AM 8:52
TALLAHASSEE. FLORIDA

I, Timo thy m Howell Sr hereby resign as Tresident
(Inte)
of Pir Balance Unlin, ted Inc. (Name of Corporation)
(Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
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