

P990000 82713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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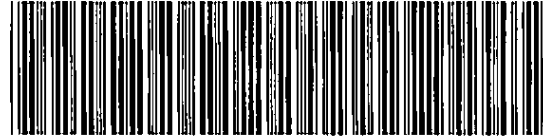
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: File Balance Unlimited
(Name of Corporation)

DOCUMENT NUMBER: P99000082713

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

Please return all correspondence concerning this matter to the following:

Tim Howell
(Name of Person)

File Balance Unlimited Inc.
(Name of Firm/Company)

817 Highland Drive
(Address)

Alt Spgs FL 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Howell 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.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Debra L. Howell, hereby resign as vice president
(Title)

of Life Balance Unlimited, Inc.
(Name of Corporation)

P 99 0000 82713, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Debra L. Howell
(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