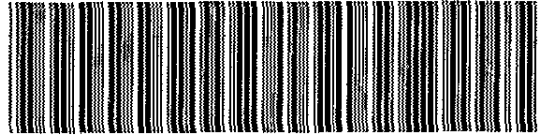


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TO: Amendment Section
Division of Corporations

SUBJECT: SPRING OF Life Fellowship
(Name of Corporation)

DOCUMENT NUMBER: N98000002603

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

Please return all correspondence concerning this matter to the following:

Mercy Fernandez
(Name of Person)

SPRING OF Life Fellowship
(Name of Firm/Company)

P.O. BOX 654338
(Address)

Miami, FL 33265
(City/State and Zip Code)

For further information concerning this matter, please call:

Mercy Fernandez at (305) 597-4440
(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

**SPRING OF LIFE FELLOWSHIP
2029 NW 87TH AVENUE
DORAL, FLORIDA 33172
OFFICE: (305) 597-4440**

06 AUG 28 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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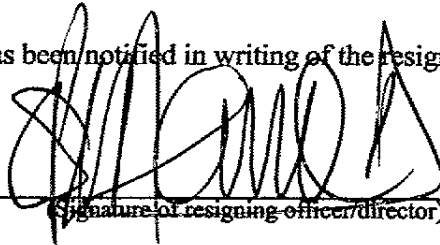
OFFICER / DIRECTOR RESIGNATION

I, Sandro Pestana, hereby resign as Treasure
(Title)

of SPRING OF Life Fellowship, Inc
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**