

P14000025563

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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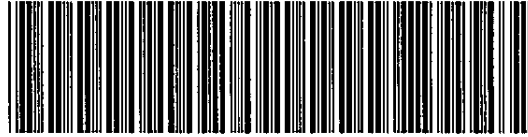
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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FEB 16 2015  
T. CARTER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SERENITY LIFE ADULT DAY CARE CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000025563

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

Please return all correspondence concerning this matter to the following:

YVONNE WONG  
(Name of Person)

SERENITY LIFE ADULT DAY CARE CENTER, INC.  
(Name of Firm/Company)

7023 HOLLOWELL DR.  
(Address)

TAMPA, FL 33634  
(City/State and Zip Code)

For further information concerning this matter, please call:

YVONNE WONG at ( 813 ) 403-9513  
(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**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


15 FEB 12 PM 4:01

I, BECKY WONG, hereby resign as VP  
(Title)

of SERENITY LIFE ADULT DAY CARE CENTER, INC.  
(Name of Corporation)

P14000025563, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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