

F07000001227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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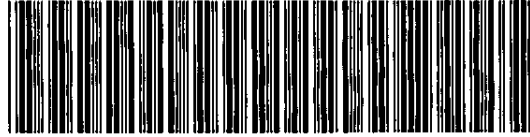
(Business Entity Name)

(Document Number)

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02

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMRIT YOGA FOUNDATION
(Name of Corporation)

DOCUMENT NUMBER: F07000001227

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

Please return all correspondence concerning this matter to the following:

DR. STEVE LEVINE
(Name of Person)

AMRIT YOGA FOUNDATION
(Name of Firm/Company)

23855 NE ~~BLK~~ HWY 314
(Address)

SALT SPRINGS FL 32134
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. STEVE LEVINE at (352) 610-220-4920
(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, LIAM GILLEN, hereby resign as DIRECTOR
(Title)

of AMRIT YOGA FOUNDATION,
(Name of Corporation)

FO7000001227, a corporation organized under the laws of the State of
(Document Number, if known)

PENNSYLVANIA



(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

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