(Re	questor's Name)			
(Ad	dress)	·		
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300136773613

10/13/08--01007--012 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: New Alternatives In Community Living, Ind (Name of Corporation)
DOCUMENT NUMBER: N03000000609
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Derek Epps (Name of Person)
New Alternatives In Community Living, Inc. (Name of Firm/Company)
1406 SE 36th Avenue (Address)
Ocala FL 34471 (City/State and Zip Code)
For further information concerning this matter, please call:
Rose Washington at (352) 266-0156 (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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Derek Epps , hereby resign as Treasurer (Title)	
oſ_	New Alternatives In Community Living, Inc.	_ ,
	N-0 3 00 00 0 6 0 6 9 a corporation organized under the laws of the State of (Document Number, if known)	
	Florida	
	SECRETARY OF SERVICE (Signature of resigning officer/director) (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