

no500003270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

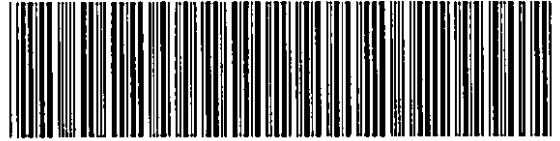
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
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2018 AUG 28 P 1:26

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Life After School Program, Inc
(Name of Corporation)

DOCUMENT NUMBER: N05000003270

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

Please return all correspondence concerning this matter to the following:

Eduardo Rivero

(Name of Person)

New Life After School Program, Inc

(Name of Firm/Company)

PO Box 660597

(Address)

Miami Springs, FL 33266

(City/State and Zip Code)

For further information concerning this matter, please call:

Eduardo Rivero at (305) 297-3859

(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, Hipolito M. Leon, hereby resign as Secretary/Treasurer
(Title)

of New Life After School Program, Inc
(Name of Corporation)

N05000003270, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Hipolito Leon

(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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