

No 70000 11881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400283797884

04/04/16--01019--008 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL 09191

2016 APR -4 AM 10:37

FILED

APR 07 2016

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ignite Life Center Inc.
(Name of Corporation)

DOCUMENT NUMBER: N07000011881

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

Please return all correspondence concerning this matter to the following:

Oscar Roche

(Name of Person)

Ignite Life Center Inc.

(Name of Firm/Company)

404 NW 14th Ave

(Address)

Gainesville, FL 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

Oscar Roche

(Name of Person)

at (816) 714 8904

(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, Oscar Roche, hereby resign as Director
(Title)

of Ignite Life Center
(Name of Corporation)

N07000011881, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Oscar Roche
(Signature of resigning officer/director)

2016 APR -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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