

N120000004549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 JUN 19 PM 4:15

Off/Din Resign

JUN 24 2014

T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2014

MICHAEL PAGLIA
TRANSITIONS LIFE CENTER
PO BOX 236
OCALA, FL 34478 US

SUBJECT: TRANSITIONS LIFE CENTER & COMMUNITY, INC.
Ref. Number: N12000004549

We have received your document for TRANSITIONS LIFE CENTER & COMMUNITY, INC.. However, the document has not been filed and is being returned for the following:

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 414A00010610

RECEIVED
14 JUN 19 PM 12:03
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2014

RHONDA LEMILY
TRANSITIONS LIFE CENTER INC
PO BOX 236
OCALA, FL 34478 US

SUBJECT: TRANSITIONS LIFE CENTER & COMMUNITY, INC.
Ref. Number: N12000004549

We have received your document for TRANSITIONS LIFE CENTER & COMMUNITY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 814A00011067

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Transitions Life Center + Community, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N12000004549

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

Please return all correspondence concerning this matter to the following:

Rhonda Lemily

(Name of Person)

Transitions Life Center + Community, Inc.
(Name of Firm/Company)

PO Box 236

(Address)

Ocala, Fl. 34478

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Paglia

(Name of Person)

at (352) 266-2127

(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

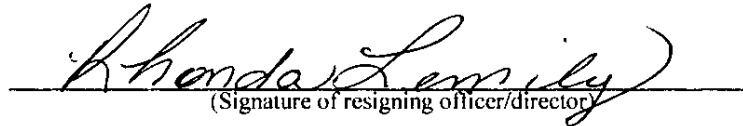
14 JUN 19 PH 4:15

I, Rhonda Lemily, hereby resign as Secretary
(Title)

of Transitions Life Center & Community, Inc.
(Name of Corporation)

N12000004549, 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