

N17000006189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

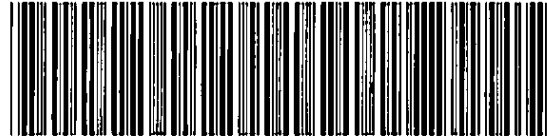
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Life Community Inc.

(Name of Corporation)

DOCUMENT NUMBER: N17000006189

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

Please return all correspondence concerning this matter to the following:

Wanda Bruce

(Name of Person)

New Life Community Inc.

(Name of Firm/Company)

PO Box 5058

(Address)

Deltona Florida 32728

(City/State and Zip Code)

For further information concerning this matter, please call:

Wanda Bruce
_____ at (386) 215-2316
(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:

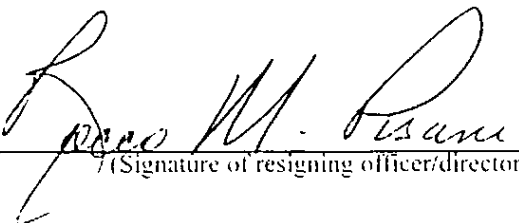
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Rocco Pisani, hereby resign as Trustee Officer
(Title)

of New Life Community Inc
(Name of Corporation)

N17000006189, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

STATE OF FLORIDA
TALLAHASSEE

2020 FEB -6 PM 4:44

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