## PD1000119263

(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:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:





800238565058

08/22/12--01012--022 \*\*35.00



OD Res

## **COVER LETTER**

Division of Corporations	
SUBJECT: LIFÉ WIN, INC:	ame of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
JOSEPH D. JOHNSON (Name of Person)	
(Name of Firm/Company)	
P.O. BOX 261718 (Address)	
(Address)	
TAMPA, PL 3368S (City/State and Zip Code)	
(City/State and Zip Code)	<del></del>
For further information concerning this matter	, please call:
LYNDA SCULL (Name of Person)	at (813) (041-111) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to	o the Florida Department of State.
Division of Corporations Division Clifton Building Post Off	Address: nent Section of Corporations ice Box 6327 see, FL 32314

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOSEPH	SONHOC	, hereby resign as_	PRESIDENT (Title	1020
of LIFEWIX	) , I NC . (Name of Co	rporation)		
(Document N	umber, if known) , a c	corporation organized un	der the laws of the S	tate of
FLORIDA	·			
		$\geq$		
	(Signat	ure of resigning officer/direc	tor)	THE STORY
				TE AUG 22 AF

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314