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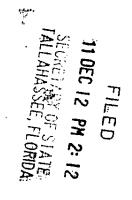
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u>_</u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Considerations to Filing Officer				
Special Instructions to Filing Officer:				

Office Use Only



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Oper Sylvar

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Generalife, Inc	•		
SUBJECT:	(Name	of Corpor	ation)
DOCUMENT NUMBER: P030	000068774		
The enclosed Officer/Director Resig	gnation for a C	Corporation	and fee are submitted for filing
Please return all correspondence cor	ncerning this r	natter to th	e following:
Carlos Grillone			
(Name of Person	on)		
Generalife, Inc			
(Name of Firm/Cor	mpany)		
2121 Country Club Prado			
(Address)			
Coral Gables, FL 33134			•
(City/State and Zip	Code)		
For further information concerning to	his matter, ple	ase call:	
Carlos Grillone	at (786 ₎	302-2921 & Daytime Telephone Number)
(Name of Person)		Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the	e Flo r ida D	Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Add Amendment S Division of C Post Office B Tallahassee, I	Section orporation ox 6327	s

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michele Grillone	, hereby resign as STD (Title)
of Generalife, Inc	,
(Nan	ne of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida	SEC SEC
	DEC AHAS
100	
MARA	
	(S) Senature of Serigning 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