

P04000039793

(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



200189140832

01/06/11--01008--012 \*\*35.00

SECRETARY OF STATE  
FILING ASSISTANT

11 JAN -6 AM 8:48

FILED

O/D Resign

01-12-11

DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PEACE OF LIFE CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P 04000039793

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

Please return all correspondence concerning this matter to the following:

KIM BAECK  
(Name of Person)

(Name of Firm/Company)

P O BOX 366253  
(Address)

BONITA SPRINGS FL 34136 - 6253  
(City/State and Zip Code)

For further information concerning this matter, please call:

KIM BAECK at (239) 948 1158  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

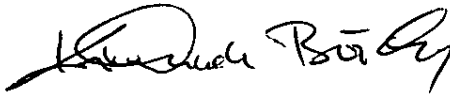
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, BAECK KRIMHILDE, hereby resign as OFFICER/DIRECTOR (Title)

of PEACE OF LIFE CORPORATION,  
(Name of Corporation)

P 04000039793, a corporation organized under the laws of the State of  
(Document Number, if known)

FL



(Signature of resigning officer/director)

**FILED**  
11 JAN - 6 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

check # 535

01/04/2011

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

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