

P05000026612

(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



000187072570

10/26/10--01014--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 26 PM 12:18

C. Coulliette
C.COULLIETTE
OCT 28 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lifestyle Health, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000026612

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

Please return all correspondence concerning this matter to the following:

Rene Casanova

(Name of Person)

Lifestyle Health, Inc.

(Name of Firm/Company)

2311 10th Avenue North #9

(Address)

Lake Worth, FL 33461

(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Betances

(Name of Person)

at (561) 586-5326

(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

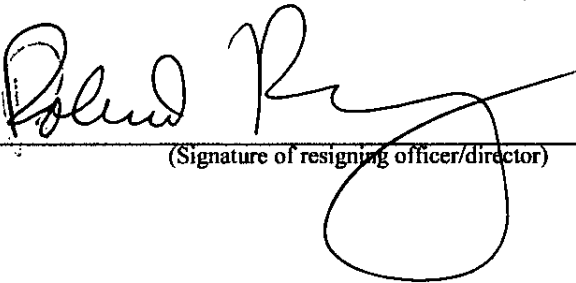
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert Rodriguez, hereby resign as Secretary
(Title)

of Lifestyle Health, Inc.
(Name of Corporation)

P05000026612, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 26 PM 12:18