

P07000009406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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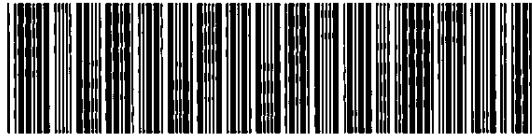
(Business Entity Name)

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09 MAY 27 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off/Resign
T Lewis
5-29-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ETERNITY LIFE HOME HEALTH CARE INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000009406

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

Please return all correspondence concerning this matter to the following:

ROBERT O VEGA, CPA

(Name of Person)

ROBERT O VEGA, CPA, P.A.

(Name of Firm/Company)

14461 SW 83 STREET

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT O VEGA, CPA

(Name of Person)

at (**305**) **283-1964**

(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**

FILED
09 MAY 27 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MICHAEL MENDEZ, hereby resign as VD
(Title)

of ETERNITY LIFE HOME HEALTH CARE INC.
(Name of Corporation)

P07000009406, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Michael Mendez 5/1/2009.
(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