

PO90000 84629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **New Life Clinical Services, Inc.**  
(Name of Corporation)

DOCUMENT NUMBER: **P09000004629**

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

Please return all correspondence concerning this matter to the following:

**Alexander Alvarez, Esq.**  
(Name of Person)

**Law Office of Alexander Alvarez**  
(Name of Firm/Company)

**8900 SW 107 Avenue, Suite 301**  
(Address)

**Miami, FL 33176**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Alexander Alvarez** at ( **305** ) **598-2000**  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alean Machado, hereby resign as President  
(Title)

of New Life Clinical Services, Inc  
(Name of Corporation)

P09000004629, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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**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