

P10000036915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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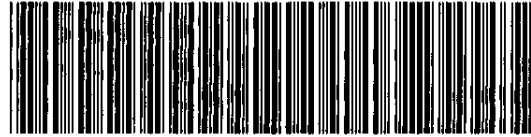
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TAMM AND SCOTT FLORES

11 JAN - 4 PM 3:31

APPROVED  
JAN 4 2011

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PPE LIFE, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P10000036915

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

Please return all correspondence concerning this matter to the following:

JOHN BARTER  
(Name of Person)

PPE LIFE INC  
(Name of Firm/Company)

24 GREENWAY PLANTATION  
(Address)

OCALA, FL. 34472  
(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER D. MARTIN at ( 352 ) 598-5362  
(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, WALTER MARTIN, hereby resign as D/VP (Title)

of PPE-LIFE INC.  
(Name of Corporation)

P10000036915, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Walter Martin  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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