## P10000102141

(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:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
PICK-UP   WAIT   MAIL     (Business Entity Name)     (Document Number)     Certified Copies Certificates of Status	(Address)				
PICK-UP   WAIT   MAIL     (Business Entity Name)     (Document Number)     Certified Copies Certificates of Status					
(Business Entity Name)  (Document Number)   Certified Copies Certificates of Status	(City/State/Zip/Phone #)				
(Business Entity Name)  (Document Number)   Certified Copies Certificates of Status					
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL				
(Document Number)  Certified Copies Certificates of Status					
Certified Copies Certificates of Status	(Business Entity Name)				
Certified Copies Certificates of Status					
Certified Copies Certificates of Status	(Document Number)				
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Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
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Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: SOURCE LIFE USA CORP.
	(Name of Corporation)
DOC	UMENT NUMBER: P10000102141
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
IVAI	N NARANJO
	(Name of Person)
ACC	COUNTING AND TAX SERVICES
	(Name of Firm/Company)
916	NW 167 AVENUE
	(Address)
PEN	MBROKE PINES, FL. 33028
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
LUZ	ORTIZ  (Name of Person)  at ( 754 ) 422-8497  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661 l	Mailing Address:  Idment Section Idm

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LUZ S. ORTIZ	, hereby resign as PRESIDENT (Title)		
	(Title)		
of SOURCE LIFE USA, CORP.		·	
(Nan	ne of Corporation)		
P10000102141 (Document Number, if known)	a corporation organized under the laws of th	e State of	
FLORIDA	·		
	(Signature of resigning officer/director)	MAPR 28 SECRETAR	

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