

P126000015622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

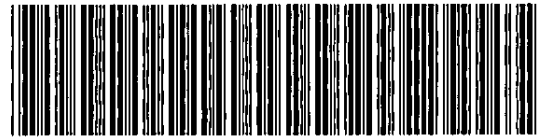
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/13--01005--008 **2.50

04/09/13--01030--023 **85.00

Amendment
P/ARs
MAY 15 2013

R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAY - 7 PM 3:01

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2013

YAMILE GUZMAN
NEW LIFE CLINICAL RESEARCH INC
8025 W. 36TH AVE(#4)
HIALEAH, FL 33018 US

SUBJECT: NEW LIFE CLINICAL RESEARCH INC
Ref. Number: P12000015622

We have received your document for NEW LIFE CLINICAL RESEARCH INC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$2.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist

Letter Number: 413A00009115



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Rebekah White
Regulatory Specialist

Letter Number: 413A00009115

RECEIVED
13 MAY - 7 AM 8:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New life Clinical Research Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12000015622

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yamile Guzman
(Name of Person)

(Name of Firm/Company)

8025 W. 36th AVE (#4)
(Address)

Hialeah, FL 33018
(City/State and Zip Code)

For further information concerning this matter, please call:

Yamile Guzman at (786) 7686104
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

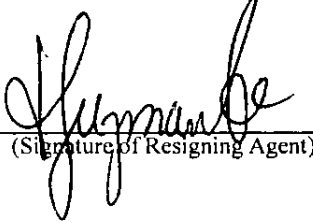
Florida Statutes, the undersigned, Yamile Guzman
(Name of Registered Agent)

hereby resigns as Registered Agent for NEW LIFE CLINICAL RESEARCH INC
(Name of Corporation)

P12000015622
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
13 MAY - 7 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314