

P12000042539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

old Resignation

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Life & Health Associates  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000042539

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

Please return all correspondence concerning this matter to the following:

**Roy F Miranda**

(Name of Person)

(Name of Firm/Company)

**779 Tomlinson Terrace**

(Address)

**Lake Mary, FL 32746**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Cassandra Rodriguez** at **352 622-5014**

(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

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Roy F. Miranda, hereby resign as President  
(Title)

of Life & Health Associates, INC  
(Name of Corporation)

P12000042539, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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

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