P12000048807

(Re	equestor's Name)	······
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	:#)
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT:Joyful Life Assisted Living, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P12000048807
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Vivia	n Rodriguez
	(Name of Person)
Joyfi	ul Life Assisted Living, Inc.
	(Name of Firm/Company)
3302	2 SW 1st Ave
	(Address)
Сар	e Coral, FL 33914
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Vivia	(Name of Person) at (239) 537-7716 (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 1	Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Wilfredo Lorenzo	, hereby resign as President (Title)	
"	(Title)	
of Joyful Life Assisted Living, Inc		
(Name	of Corporation)	
P12000048807 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida	_•	
— (de	ignature of resigning officer/director) 12 JUL 10 PH 1: 2	

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