

P120000065839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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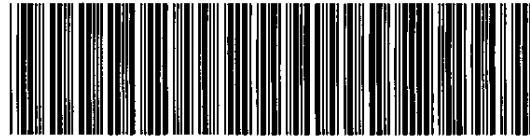
(Business Entity Name)

(Document Number)

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AUG 30 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTHY LIFE WAY OF LIVING. CORP
(Name of Corporation)

DOCUMENT NUMBER: P12000065039

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

Please return all correspondence concerning this matter to the following:

RUTH CONNORS
(Name of Person)

HEALTHY LIFE WAY OF LIVING. CORP
(Name of Firm/Company)

690 SW 1 CT
(Address)

MIAMI, FL 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

Ruth Connors at (786) 294 7221
(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, Carlos Neira, hereby resign as President
(Title)

of Healthy Life Way of Living, Corp
(Name of Corporation)

P120000 65839, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Carlos Neira
(Signature of resigning officer/director)

FILED
AUG 29 PM 3:14
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