

P/2000066298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

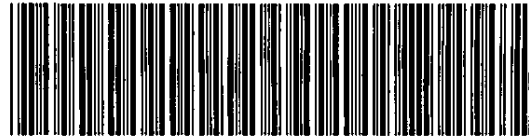
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TALLAHASSEE, FLORIDA

O/D
Resign.
10-21-14
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NuLife Institute Inc.
(Name of Corporation)

DOCUMENT NUMBER: P120 00066298

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

Please return all correspondence concerning this matter to the following:

Joshua Wapner

(Name of Person)

NuLife Institute Inc.

(Name of Firm/Company)

1040 Biscayne Blvd #800

(Address)

Miami FL 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua Wapner

(Name of Person)

at (305) 400-0005

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Marc Halpern, hereby resign as President
(Title)

of NuLife Institute Inc.
(Name of Corporation)

P12000066298, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
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