

P14000025563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

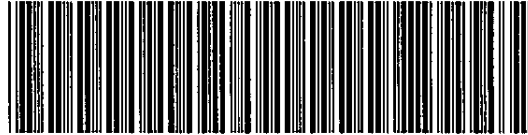
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000269326400

02/12/15--01016--007 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB 12 PM 4:01

FEB 16 2015  
T. CARTER

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SERENITY LIFE ADULT DAY CARE CENTER, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P14000025563

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

Please return all correspondence concerning this matter to the following:

YVONNE WONG

(Name of Person)

SERENITY LIFE ADULT DAY CARE CENTER, INC.  
(Name of Firm/Company)

7023 HOLLOWELL DR.

(Address)

TAMPA, FL 33634

(City/State and Zip Code)

For further information concerning this matter, please call:

YVONNE WONG

(Name of Person)

at ( 813 ) 403-9513

(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**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


15 FEB 12 PM 4:01

I, BECKY WONG, hereby resign as VP  
(Title)

of SERENITY LIFE ADULT DAY CARE CENTER, INC.  
(Name of Corporation)

P1400002SS63, 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