

PI5 000027739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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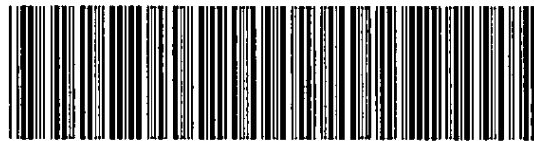
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

12/17/20

Q

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Life Alliance, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000027739  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Josean Cruz  
\_\_\_\_\_  
(Name of Person)

Life Alliance, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

4020 Greystone Drive  
\_\_\_\_\_  
(Address)

Clermont, Florida 34711  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Josean Cruz at ( 267 ) 301-9750  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION


2020 NOV 12 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FL

I, Hector Hernandez, hereby resign as Chief Operations Officer  
(Title)

of Life Alliance, Inc.  
(Name of Corporation)

P15000027739, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

 10-13-20  
(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