

P15 0000 27739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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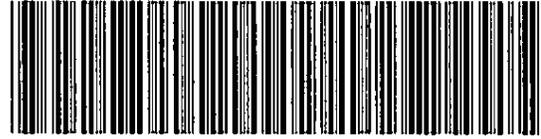
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

12/17/20

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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