## N99000002845

(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:  CAMADA NAMA A Loop by  M. W. C.M.	(Requestor's Name)
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Office Use Only



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Afflir Resign

8. Roberts MAY 1 7 7006



## **COVER LETTER**

Division of Corporations
SUBJECT: Way of Life Worship and Arts (Name of Corporation) Internal  DOCUMENT NUMBER: N9900002845
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Duckes I. (Kul 2 (Name of Person)
(Name of Firm/Company)
18250 SW 288 St.
Howestead Fl 33030 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 248450 8 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 06 May.
- *!#1 1 1 · .
TALLAHASSEE, FLORIDA
I, Audres 1. Kun, hereby resign as 1 recto (Title)
or Way of life Worship and Arts Numeries, (Name of Corporation) In 100000 House 1000
1990000 2845, a corporation organized under the laws of the State of (Document Number, if known)
Florida.
Congruence of resigning of the certain of the certa

## 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