

10/29/2020

Division of Corporations

762113

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : THOMAS A. MOSELEY, CHARTERED
Account Number : 110300003726
Phone : (941)747-8185
Fax Number : (941)744-0968

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT RESIGNATION
GOOD SHEPHERD EVANGELICAL LUTHERAN CHURCH, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOOD SHEPHERD EVANGELICAL LUTHERAN CHURCH, INC.

(Name of Corporation)

DOCUMENT NUMBER: 762113

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALERIE LANG HALL

(Name of Person)

THOMAS A. MOSELEY, CHARTERED

(Name of Firm/Company)

1724 Manatee Avenue West

(Address)

Bradenton, Florida 34205

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Lang Hall

at 941 747-8185

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MICHAEL VONWALDNER

(Name of Registered Agent)

hereby resigns as Registered Agent for GOOD SHEPHERD EVANGELICAL LUTHERAN CHURCH, INC.

(Name of Corporation)

762113

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

filed.


(Signature of Resigning Agent)

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

**\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation**

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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