1200000 40648

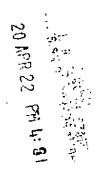
| (Reque: | stor's Name) | |
|-------------------------------|--------------------|------|
| (Addres | s) | |
| (Addres | s) | |
| (City/Sta | ate/Zip/Phone #) | |
| PICK-UP | TIAW [| MAIL |
| (Busine | ss Entity Name) | |
| (Docum | ent Number) | |
| Certified Copies | Certificates of St | atus |
| Special Instructions to Filin | g Officer: | |
| | | |
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COVER LETTER

| TO: Registration Section | |
|--|---|
| Division of Corporations | 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| SUBJECT: Corporate Missionary (Name of Limited Liability | JUC ES TO |
| (Name of Limited Liability | Company) |
| The enclosed member, resignation or dissociation and for | Company) ee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | |
| Kiana Wheeler (Contact Person) | |
| (Contact Person) | |
| Corporate Missionary UC | |
| (Firm/Company) | |
| 5448 San Juan Blvd (Address) | |
| (Address) | |
| Orlando, FL 32807 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please c | all: |
| (Name of Contact Person) at (407) | , 408-0350 |
| (Name of Contact Person) (Area C | ode & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | da Department of State for: iling Fee & Certified Copy |
| | |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

PORPLE PARKET DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216. Florida Statutes)

| 1. The name of the l | imited liability company as it appears on the records of the Florida Department |
|---|---|
| of State is: | Corporate Missionary LLC |
| 2. The Florida document | ment/registration number assigned to this limited liability company is: |
| L2000 | 00040648 |
| 3. The date this men | nber/manager withdrew/resigned or will withdraw/resign is: April 20, 202 |
| 4. 1. Matthe | www. Whaele |
| AMBR | (Momber) |
| of this limited liab resignation in writ | ility company and affirm the limited liability company has been notified of my ing. |
| Milhan | When h |
| //Signature of Dis | sociating Member or Resigning Manager |
| | \$25.00 (Required) \$30.00 (Optional) |