## N00000001739

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporation	ons
SUBJECT: Centro de Alal	banza y Renovacion Espiritual, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:_	N0000001739
The enclosed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
Herchi Burgos	
(Name	of Person)
Centro de Alabanza y Re	novacion Espiritual
(Name of F	irm/Company)
Post Office Box 150457	
(Ac	idress)
Cape Coral, FL 33915	
(City/State	and Zip Code)
For further information conce	erning this matter, please call:
Suhay/Nunez	at ( 239 ) 540-8843  (Area Code & Daytime Telephone Number)
(Name of Pers	on) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Herchi Burgos	, hereby resign as Deacon
	(Title)
<sub>of</sub> Centro de Alabaza y Renova	acion Espiritual , INC .
(Nar	ne of Corporation)
N0000001739 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	(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