## N01000000613

(Requestor's Name)  (Address)  (Address)	500112567455
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED 070EC 20 AM 8: 25 SECRETARY OF STATE ALLAHASSEE, FLORIDA

Office Use Only

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LOVE CENTER MUNISTRIES, INC.
DOCUMENT NUMBER: NO 1000000 13
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:  (Name of Person)
(Name of Firm/Company)  18 N (VIILLE AVENUE)  (Address)  (City/State and Zip Code)
For further information concerning this matter, please call:  CCI ALCO 40 40 50 50 60 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 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



December 5, 2007

CECIL BERNARD ALLEN 18 N COLLEGE AVENUE EATONVILLE, FL 32751

SUBJECT: LOVE CENTER MINISTRIES, INC.

Ref. Number: N01000000613

We have received your document for LOVE CENTER MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have the resigning officer sign the resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 007A00068709

Carol Mustain Regulatory Specialist II

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Cecil Allen, hereby resign as Mem	(Title)
of LWE CENTER Ministries, In	<u>C</u> ,
NO 1000000000000000000000000000000000000	of the State of
HIUMIAA.	. 01
selle un Mex	night
(Signature of resigning officer/director)	SECH SALLA
	FILE DEC 20 A RETARY OF AHASSEE,
FILING FEE IS \$35.00	FLORID

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314