## N03000004050

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Coples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: The Church of Abounding Grace, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N03000004050
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pastor Tony Palmisano
(Name of Person)
The Church of Abounding Grace, Inc.
(Name of Firm/Company)
5770 W. Oakland Park Blvd
(Address)
Lauderhill FL 33819 33313 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Debi Palmisano at ( 954 ) 485-0900 (Area Code & Daytime Telephone Number)
(Name of Person) (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

TO: Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.15	509,
Florida Statutes, the undersigned, Jol	nn J. Wagner	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	The Church of Abounding Grace, Inc.	•
	(Name of Corporation)	
N03000004050		
(Document Number, if known)	The second of th	
A copy of this resignation was mailed to	the above listed corporation at its last known	n address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date or	which
If signing on behalf of an entity:	mature of Resigning Agent)  Typed or Printed Name)	O6 NOV -6
(	1 yped of Frinked Name)	

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)