## NO4000004629

(Requestor's Name)	
(Address)	40035811
(Address)	
(City/State/Zip/Phone #)	
	01/25/2101035-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	La, v
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: BLESSED MANTLE FOUNDATION INC		
(Name of Corporation)		
DOCUMENT NUMBER: N04000004629		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin		
Please return all correspondence concerning this matter to the following:		
DIAZ, EVELYN		
(Name of Person)		
BLESSED MANTLE FOUNDATION INC		
(Name of Firm/Company)		
101 NORTH OCEAN DRY		
(Address)		
HOLLYWOOD, FL 33019		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
EVELYN DIAZ 786 305-9817 at (		
(Name of Person) (Area Code & Daytime Telephone Number)		

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as	DIRECTOR , hereby resign as	
-, <u> </u>	(Title)		
BLESSED MANTLE FOUNDATION			
(Nam	e of Corporation)		
N04000004629	, a corporation organized under the laws of the Stat	te of	
(Document Number, if known)			
FLORIDA			
	<del></del> '		
	(Signature of resigning officer/director)	20 21	
	FILING FEE IS \$35.00	7521 JAN	
Make checks payable	e to Florida Department of State and mail to:	. 25	
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	Amendment Section	င့ <del>ှာ</del>	
	Division of Corporations	CT:	
	P.O. Box 6327	£	

Tallahassee, Florida 32314