## "NDS/2000/094

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:





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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Heaven Embassy Church, Inc. (Name of Corporation)
DOCUMENT NUMBER: NOSOOOO1094
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda J. Marshall (Name of Person)
Heaven Embassy Church , Inc (Name of Firm/Company)
4592 Pheasant Run Dr (Address)
Orlando, Fl. 32808 (City/State and Zip Code)
For further information concerning this matter, please call:
Linda J. Marshal) at (407) 532-4749  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED 05 DEC 19 PM 12: 34

FULLIARY OF STATE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1309HASSEE, FLORIDA
Florida Statutes, the undersigned, Linda J. Marshall (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for Heaven Embassy Church, Inc. (Name of Corporation)
N050000 1094 (Document Number, if known)
(Document Number, it known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Linda Amarshall (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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