# N05000010759

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OD Resign.

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2010

ELIE ST. FLEUR LIVING GOD WORSHIP CENTER, INC. 550 UNIVERSITY BLVD., SUITE 105 PORT ST. LUCIE, FL 34982

SUBJECT: LIVING GOD WORSHIP CENTER, INC.

Ref. Number: N05000010759

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

OUR CURRENT RECORDS REFLECT THE REGISTERED AGENT BEING Joseph Sena. THEREFORE, WE ARE UNABLE TO FILE YOUR DOCUMENT.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 510A00004268

### **COVER LETTER**

Division of Corporations
SUBJECT: Living God Worship Center (Name of Corporation)
DOCUMENT NUMBER: NO5000 (0759
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)
living God Worship Center (Name of Firm/Company)
550 University Blvd (Address)
Port. Saint. Lucie F1. 34982 (City/State and Zip Code)
For further information concerning this matter, please call:
Elie S. Fleur at (772) 446-5656 (Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Elie S- Fleur, hereby resign as C.	(Title)		
of	Living God Worship Lender, (Name of Corporation)	In	١٢٠	·····•
No:	500010759, a corporation organized under the laws of Document Number, if known)	the State	e of	
	······································	Sta.		
	(Signature of resigning officer/director)		IO MAR I I	Total Control
	(Signature of resigning officer/uncetor)		PM 4: 1	

#### 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