N0000002322

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



500087167275

02/05/07 01029 002 **35,00 02/05/07--01029--002 **87,50



COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: Reproducing Churches, Inc.	
	(Name of Corporation)	
DOCU	JMENT NUMBER: N06000002322	
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ng.
Please	return all correspondence concerning this matter to the following:	
Robe	ert Beckman	
	(Name of Person)	
Repro	oducing Churches, Inc.	
	(Name of Firm/Company)	
2110	Sylvester Road, Suite 7	
	(Address)	
Lakel	land, FL 33803	
	(City/State and Zip Code)	
For fur	rther information concerning this matter, please call:	
Robe	(Name of Person) at (863) 327-7198 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 007.0307(2), 017.0302(2), 007.1309, or 017.1309,
Florida Statutes, the undersigned,	Jonathon Grant
	(Name of Registered Agent)
hereby resigns as Registered Agent	for Reproducing Churches, Inc.
	(Name of Corporation)
N06000002322	
(Document Number, if known)	
A copy of this resignation was mail	led to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Jonathon Gra	int Question
	(Typed or Printed Name)
Vice Presiden	it significant
	(Capacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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