# MO1000008845

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
, .			
J. HORNE JUL 2 2 2024			
JUL 2 2 2021			
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## **COVER LETTER**

10:	Amendment Section Division of Corporations	
SUBJE	Iglesia Cristiana De Miami	
00001	(Name of Corpo	ration)
DOCU	MENT NUMBER:	
The en	closed Resignation of Registered Agent for a Corp	oration and fee are submitted for I
Please	return all correspondence concerning this matter to	o the following:
Pastor	Alex Padilla	
	(Name of Person)	<u> </u>
Iglesia	Cristiana De Miami	
	(Name of Firm/Company)	<u> </u>
12200	SW 56 Street	
	(Address)	_ <del>_</del>
Miami	. Florida 33175	
	(City/State and Zip Code)	<del></del>
For fur	ther information concerning this matter, please cal	l:
Pastor A	Alex Padilla 305	763-1807
	(Name of Person) at (at (	) ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT			
FOR A CORPORATION			
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.  Florida Statutes, the undersigned, Diana M. Salermo  (Name of Registered Agent)			
Florida Statutes, the undersigned, Diana M. Salermo (Name of Registered Agent)			
(Name of Registered Agent)			
hereby resigns as Registered Agent for Iglesia Cristiana De Miami  (Name of Corporation)			
(ranc or corporation)			
N07000008845			
(Document Number, if 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.    Copy of this resignation was mailed to the above listed corporation at its last known address.    Copy of this resignation was mailed to the above listed corporation at its last known address.			
If signing on behalf of an entity:			
(Typed or Printed Name)			
(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