

N08000006533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

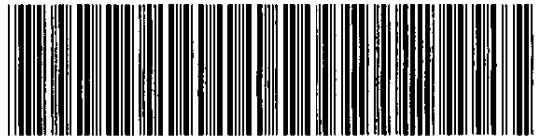
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IGLESIA MISION CELESTIAL INC
(Name of Corporation)

DOCUMENT NUMBER: N08000006533

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL GOMEZ

(Name of Person)

IGLESIA MISION CELESTIAL

(Name of Firm/Company)

11477 SW 9 ST

(Address)

DAVIE FL 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

LIDIA MEJIAS

(Name of Person)

at (786) 285-5582

(Area Code & Daytime Telephone Number)

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

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

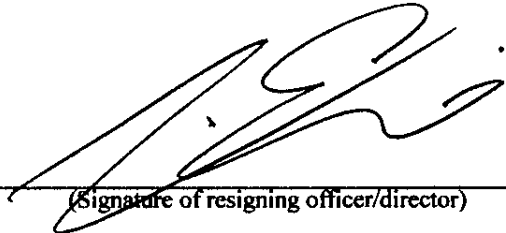
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RAFAEL GOMEZ, hereby resign as DIRECTOR
(Title)

of IGLESIA MISION CELESTIAL INC.
(Name of Corporation)

N08000006533, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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