(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



400248539504

06/14/13--01008--010 **35.00

DIVISION OF CORPORATIONS

13 JUN 14 AN 9: 03



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Centro Biblico de Restauración Casa de Reino Inc. (Name of Corporation) DOCUMENT NUMBER: ID: US -FL N 09 00000 2762
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Chirinos Chirinos, Maria P (Chirinos, Maria P) The spelling of the name In the corp. is wrong. Centro Biblico de Restauración Casa de reino Inc.
(Name of Firm/Company) 5413 BEELLFIELD DRIVE (Address)
(Address) Tampa, FL 33624 (City/State and Zip Code)
For further information concerning this matter, please call:

813) 802-0324 (Area Code & Daytime Telephone Number)

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

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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporat

Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARIOP CHIRINOS, hereby resign as Title V (Title)		
of Centro Biblico de Restauración Casa de Reino (Name of Corporation)	,	_,
(Document Number, if known), a corporation organized under the laws of the State	of	
- FLorida		
(Signature of fesigning officer/director)	13 JUN 14 AM 5: 03	DIVISION OF CORPORATIONS

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314