N09000003920

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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11/14/23--01024--008 **35.00

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CHRISTIAN FAMILY CHURCH SAF	RASOTA INC	
· ·	Name of Co	rporation)
DOCUMENT NUMBER: N09000003920		
The enclosed Officer/Director Resignation fo	r a Corpora	ation and fee are submitted for filing
Please return all correspondence concerning to	this matter	to the following:
Warren McGregor		
(Name of Person)	-	
(Name of Firm/Company)		
5435 America Dr		
(Address)		
Sarasota, FL, 34231		
(City/State and Zip Code)		
For further information concerning this matter	er, please ca	all:
Warren McGregor	941 at (447 1253
(Name of Person)	(Area	Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	to the Flor	ida Department of State

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Warren McGregor	President & Registered Agent , hereby resign as		
,	, hereby resign as (Title)		
CHRISTIAN FAMILY CHURCH SA			
(N:	ame of Corporation)		
N09000003920 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida			
,	·		
	(Signature of resigning officer/director)		

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