

No 90000008194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

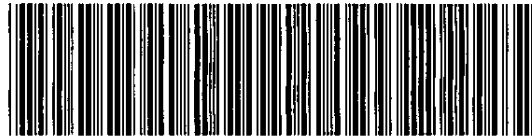
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800160795528

Resignation
of Officer

800160795528
09/29/09--01017--006 **35.00

2009 SEP 29 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AdP
10/1/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW ERA INSTITUTE, INC.
(Name of Corporation)

DOCUMENT NUMBER: N09000007650

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

Please return all correspondence concerning this matter to the following:

MARTA MEDINA MEMBIELA

(Name of Person)

(Name of Firm/Company)

6828 S.W. 114 AVENUE

(Address)

MIAMI, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTA MEDINA MEMBIELA

(Name of Person)

at (305) 270-9796

(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**

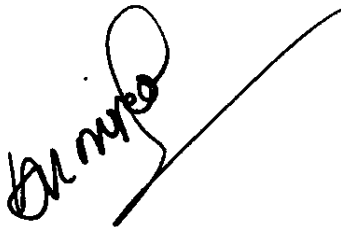
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2009 SEP 29 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBERTO OROZCO, hereby resign as SENIOR PASTOR
(Title)

of IGLESIA DE LA NUEVA ERA, INC.
(Name of Corporation)

N09000008194, a corporation organized under the laws of the State of
(Document Number, if known)
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