## 09000009643

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
t.		

Office Use Only



900217652029

01/11/12--01007--008 \*\*35.00

off. Pros.
1Brown

## **COVER LETTER**

Division of Corporations		
SUBJECT: Igreja Mundial do Poder de Deus INC		
(Name of Corporation)		
DOCUMENT NUMBER: N09000009643		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Cristina Rivera		
(Name of Person)		
Safety Business LLC		
(Name of Firm/Company)		
6220 S Orange Blossom Trail Ste 604		
(Address)		
Orlando, Fl 32809		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Cristina Rivera		
(Name of Person) at (407 ) 888-4747 (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		

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Carlos Eduardo dos Santos Pinheiro	, hereby resign as Director Secretary
"	(Title)
of_Igreja Mundial do Poder de Deus, Inc.	
(Name of Corpora	ition)
N0900009643, a corpo	oration organized under the laws of the State of
Florida	
- Pauri Elini	ido des tinto brulius

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