

N1000000004344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

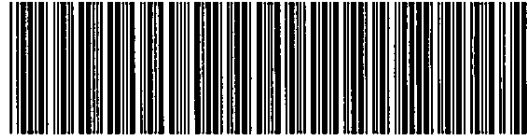
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CRM
10-1-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Springs of Life Family Church
(Name of Corporation)

DOCUMENT NUMBER: N10000004344

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

Please return all correspondence concerning this matter to the following:

John Grossi
(Name of Person)

Springs of Life Church
(Name of Firm/Company)

4157 MARINER BLVD
(Address)

Spring Hill, FL. 34609
(City/State and Zip Code)

For further information concerning this matter, please call:

Above at (352) 238-8690
(Name of Person) (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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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SEAL DIV OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DALE TUVELL, hereby resign as SECRETARY
(Title)

of SPRINGS OF LIFE FAMILY CHURCH, INC.
(Name of Corporation)

N10000004344, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Dale Tuvell
(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

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TALLAHASSEE, FLORIDA