

N100000005973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

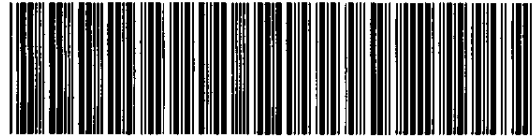
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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000185376880

10/04/10--01020--007 **35.00

Resignation
of Officer

2010 OCT -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ASB
10/5/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eglise Sur Le Rocher Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

CAROL MONCTIEFFE

(Name of Person)

Eglise Sur Le Rocher Inc.

(Name of Firm/Company)

4047 Okee Chobee Boulevard, Suite 230

(Address)

West PALM Beach, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL MONCTIEFFE

(Name of Person)

at (561) 277-5961

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2010 OCT -4 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Carol Moncrieffe, hereby resign as Director
(Title)

of Eglise Sur Le Rocher Incorporated
(Name of Corporation)

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

Carol Moncrieffe
(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