

N11000005668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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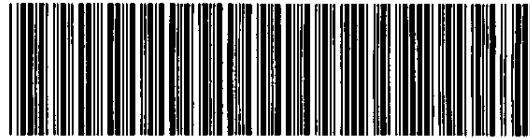
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 FEB -2 PM 12:34

FEB 06 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Iglesia Cristiana Primitiva Fuente de Vida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N11000005668

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Y Rivera
(Name of Person)

Iglesia Cristiana Primitiva Fuente de Vida, Inc.
(Name of Firm/Company)

1957 SW Providence Place
(Address)

Port St Lucie - FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Y Rivera at (561) 358 0975
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RECEIVED
FEB 2 15
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CR2E046 (04/12)

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB -2 PM 12:34

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Ana Y. Rivera

(Name of Registered Agent)

hereby resigns as Registered Agent for

Iglesia Cristiana Primitiva Fuente de Vida, Inc.

(Name of Corporation)

N11000005668

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Dual PR

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

I resigned on October 26, 2014 and the church was closed on 12/7/2014 with no new address or information. Please remove my name from this files, *Dual PR*