

N11000005668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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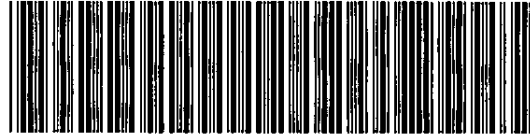
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 FEB -9 AM 11:22

C.L.  
2-16-15

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Iglesia Cristiana Primitiva Fuente de Vida  
(Name of Corporation)

**DOCUMENT NUMBER:** N11000005668

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

Please return all correspondence concerning this matter to the following:

Ana Rivera  
(Name of Person)

(Name of Firm/Company)

1957 SW Providence Place  
(Address)

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

For further information concerning this matter, please call:

at (  )   
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

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DIVISION OF CORPORATIONS

15 FEB -9 AM 11:23

I, Ligia Diaz, hereby resign as Title MV  
(Title)

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

N11000005668, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Ligia Diaz  
(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