

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
· · · · · · · · · · · · · · · · · · ·		

Office Use Only



200288635282

08/03/16--01020--007 **210.00

DDD.

AUG 11 2016

R. While

Amendment Section

July 21, 2016

To whom it may concern,

I Christina Ammons would like my name withdrawn from any and all documents concerning Faith Fellowship Ministry of Lake Placid, INC. As Secretary / Treasurer

Faith Fellowship Ministry of Lake Placid, INC Document Number N16000004179 Michael Dunn 225 Cumberland St Lake Placid, FL 33852

Thank you

Christina Ammons

TRANSMITTAL LETTER

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

I, Christina John, hereby resign as Sec/Trea (Title)
of Faith Fellowship ministry of Lake Placid, Inc. (Name of Corporation)
N160000 4179, a corporation organized under the laws of the State of (Document Number, if known)
Florida.

(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