

N16000005364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

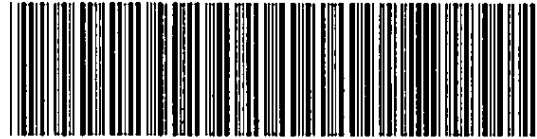
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shekinah Healing & Revival Ministries, Inc. Director Resignation

(Name of Corporation)

DOCUMENT NUMBER: N1600005364

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

Please return all correspondence concerning this matter to the following:

Bryan Murray

(Name of Person)

Self

(Name of Firm/Company)

10 Cold Harbor CT

(Address)

Sharpsburg, GA 30277

(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Murray

(Name of Person)

at (407 474-0150)
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Bryan Murray, hereby resign as Director - Title D
(Title)

of Shekinah Healing & Revival Ministries, Inc.
(Name of Corporation)

N16000005364, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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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