

N16 000008491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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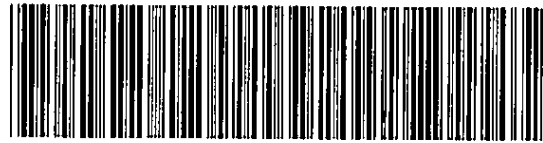
(Business Entity Name)

(Document Number)

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MAY 1 2020

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CASA DE ORACION MIAMI INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N16000008491  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

ARISPE, JUAN  
\_\_\_\_\_

(Name of Person)

SECRETARIO DIRECTOR ( SD )  
\_\_\_\_\_

(Name of Firm/Company)

2650 SE 12TH PL UNIT 201  
\_\_\_\_\_

(Address)

HOMESTEAD, FL 33035  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN ARISPE at ( 786 ) 2533916  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

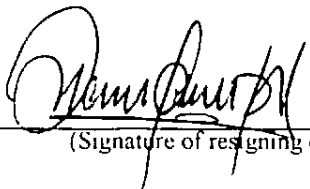
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

2020-11-11 PM 1:56

I, JUAN ARISPE, hereby resign as SECRETARIO DIRECTOR ( SD )  
(Title)

of CASA DE ORACION MIAMI INC  
(Name of Corporation)

N16000008491, 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