N100005212

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	1AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



06/26/20--01002--002 **35.00





UN 29 2029 LAL-RITTON



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Mission, envoys of Jesus-Christ,inc

SUBJECT:

¢,

(Name of Corporation)

DOCUMENT NUMBER: N17000005212

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

Please return all correspondence concerning this matter to the following:

Harold Jean Louis

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

at (______) (Area Code & Daytime Telephone Number) Harold Jean Louis (Name of Person)

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

		DIRECTOR RESIGNATION A CORPORATION	1110 JULI 26 HH 8:59
			~
Mission, envoys of Ju	sus-Christ	Officer , hereby resign as	(Title)
	sus-Christ	Officer , hereby resign as	(Title)
Mission. envoys of Jo f	esus-Christ (Name o	, hereby resign as	
Mission, envoys of Ju	esus-Christ (Name o	, hereby resign as	
Mission, envoys of Ju f	esus-Christ (Name o	, hereby resign as	

.

Harold Q

(Signaturelof 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