N18000006209

(Re	questor's Name)	
	dress)	
———(Ad	dress)	
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C Kiuze,

TRANSMITTAL LETTER

(Name of Corporation)			
DOCUMENT NUMBER: N18000006209			
The enclosed Officer/Director Resignation	n for a Corpo	oration and fee are submitted	for filing
Please return all correspondence concerni	ng this matte	r to the following:	
Kevin M Smith			
(Name of Person)			
The Associate(s) Consortium, LLC			
(Name of Firm/Company	7)		
P.O. Box 43478			
(Address)			
Jacksonville, FL. 32203			
(City/State and Zip Code	·)		
For further information concerning this m	atter, please	call:	
Kevin M smith	904	887-0858	
(Name of Person)	at ((Ārea	a Code & Daytime Telephone 1	Vumber)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO: Amendment Section Division of Corporations

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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Kevin M. Smith	Trustee , hereby resign as_
		(Title)
o	First Baptist Missionarry Chur	
		(Name of Corporation)
N	(Document Number, if know	, a corporation organized under the laws of the State of
F	lorida	

(Signature of resigning officer/director)

SEULLING OF STAIL TALLING SEE, FL

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