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Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

Account Name : FLORIDA CORPORATIONS SERVICES INC

Account Number : I20150000012

Phone : (786)203-8465

Fax Number : (305)269-7731

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____drisraelmontealegre@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN MINISTERIO CIUDAD DE DIOS INC.

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
MINISTERIO CIUDAD DE DIOS I	
	(Name of Corporation)
DOCUMENT NUMBER: N18000012148	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	g this matter to the following:
J. Israel Montealegre	
(Name of Person)	
Florida Corporation Services	
(Name of Firm/Company)	
2863 SW 69 Court	
(Address)	
Miami FL 33155	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
J. Israel Montealegre	at (786 203-8465 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	ole to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Roy 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

OFFICER / DIRECTOR RESIGNATION JUL -5 AMID: 28 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE. FL

Ramirez, Oscar	Director, Treasurer, hereby resign as
••	(Title)
MINISTERIO CIUDAD DE DIOS INC	
(Nan	ne of Corporation)
N18000012148	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
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FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314