N22000001751

	Requestor's Name)			
	Address)			
(Address)			
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
	Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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COVER LETTER

SUBJECT:	(Name of Corr	poration)	_
DOCUMENT NUMBER: N22000000	1751		
The enclosed Resignation of Registe	ered Agent for a Co.	rporation and fee are submitted f	or fili
Please return all correspondence con	ncerning this matter	to the following:	
Travis Crabtree			
(Name of Person	on)		
LEGALCORP SOLUTIONS, LLC			
(Name of Firm/Co	mpany)		
3 Greenway Plaza #1320			
(Address)			
Houston, TX 77046			
(City/State and Zip	Code)		
For further information concerning	this matter, please c	all:	
LegalCorp Solutions, LLC	888 at (534-3018	
(Name of Person)	(Area) Code & Daytime Telephone Numbe	<u>r)</u>

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

TO: Amendment Section

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509.	
Florida Statutes, the undersigned,	LegalCorp Solutions, LLC	
r torted Statutes, the dilactorghost, _	(Name of Registered Agent)	
hereby resigns as Registered Agent	for SUMRALL GLOBAL MINISTRIES CORP.	
nereby resigns as Registered Agent	(Name of Corporation)	
N22000001751		
(Document Number, if known)		
A copy of this resignation was mail	ed to the above listed corporation at its last known ad	dress
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date on wh	ich
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		-
Travis Crabtree		
	(Typed or Printed Name)	
Member		50
	(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314