(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ROLLOCT 27 PH 1:21 1, Jy Cde hereby resign as Secrefary (Title) North Lake Family Chunch Fac.

(Name of Corporation)

N27172

(Document Number, if known)

, a corporation organized under the laws of the State of

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