## N49618

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(Requestor's Name)		
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. (Ac	ldress)	
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(Ci	ty/State/Zip/Phone #	)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
		:
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SECRETARY OF STATE
TALLAHASSEE FLORIDA
15 FFB 12 PH 3: 57

FEB 1 6 2015 T. CARTER

## TRANSMITTAL LETTER

Division of Corporations IGLESIA CRISTO LA UNICA ESPERANZA A.D.INC.. (Name of Corporation) DOCUMENT NUMBER: N49618 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERTO BARRERA (Name of Person) (Name of Firm/Company) 8707 SHADOW WOOD BLVD (Address) CORAL SPRINGS, FL 33071 (City/State and Zip Code) For further information concerning this matter, please call: ROBERTO BARRERA (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

TO:

Amendment Section

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



15 FEB 12 PM 3: 57

, ROBERTO BARRE	RA , hereby resign as PRESIDENT
-7	(Title)
	UNICA ESPERANZA A.D.INC.
(Name	of Corporation)
N49618 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	

(Signature of 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