

NA100000572

(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:

Office Use Only



300276425183

08/31/15--01037--002 **35.00

OLD RES.

SEP 03 2015

R WHITE

TALLAHASSEE, FLORIDA

15 AUG 31 PM 12:38

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Bread of Life Mission Inc**
(Name of Corporation)

DOCUMENT NUMBER: **N94000003872**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judy Jones

(Name of Person)

Bread of Life Mission

(Name of Firm/Company)

6454 Scott Street

(Address)

Punta Gorda, FL 33950

(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Idlette

(Name of Person)

at **(239) 601-6448**

(Area Code & Daytime Telephone Number)

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
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Deborah Smith, hereby resign as Secretary
(Title)

of Bread of Life Mission,
(Name of Corporation)

N94000003872, a corporation organized under the laws of the State of
(Document Number, if known)
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

TALLAHASSEE, FLORIDA
15 AUG 31 PM 12:39
T. E. L.