

N95000003516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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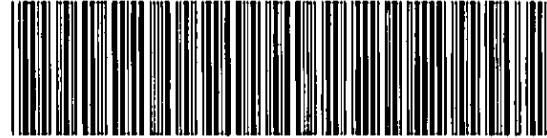
(Business Entity Name)

(Document Number)

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ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TABERNACULO DE LA FE DE ORLANDO DE LA ALIANZA CRISTIANA Y MISIONERA, INC

(Name of Corporation)

DOCUMENT NUMBER: N95000003516

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

Please return all correspondence concerning this matter to the following:

Luis Rivera

(Name of Person)

TABERNACULO DE LA FE DE ORLANDO DE LA ALIANZA CRISTIANA Y MISIONERA, INC

(Name of Firm/Company)

2853 S GOLDENROD RD

(Address)

Orlando, FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Rivera

(Name of Person)

at (**407**) **335-8521**

(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, Ivan R Marti, hereby resign as PRESIDENT
(Title)

of TABERNACULO DE LA FE DE ORLANDO DE LA ALIANZA CRISTIANA Y MISIONERA, INC
(Name of Corporation)

N95000003516, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

I. R. Marti

(Signature of resigning officer/director)

FILED
2019 MAR 11 PM 12:04

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