N99000002224

(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:		

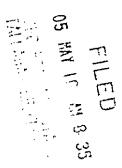
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Off Resign TLL 5-23-05



TRANSMITTAL LETTER

SUBJECT: Our Lady of Sorrow	/s Chapel of Atonement Church Association Inc. (Name of Corporation)
DOCUMENT NUMBER:N99	9000002224
The enclosed Officer/Director Resi	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Armando J Vigil	
(Name of Per	son)
(Name of Firm/C	ompany)
154 Grace Blvd	
(Address)	
Altamonte Springs FL 32714	4
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
Armando J Vigil	at (321) 299 - 4022 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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 409 E. Gaines Street Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



. Armando J Vigil	, hereby resign asofficer and/or director
**	(Title)
of Our Lady of Sorrows Chapel of Ato	
NGGOOOO2224	corporation organized under the laws of the State of
Florida	ure 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