

PD4000025069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

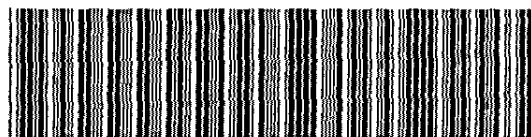
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VISION REVELATION 3:20 BOOKSTORE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000025069

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

Please return all correspondence concerning this matter to the following:

NARCISO MONTAS

(Name of Person)

(Name of Firm/Company)

11334 SW 184TH STREET

(Address)

MIAMI, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

NARCISO MONTAS

(Name of Person)

at (

786

) 286-3390

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

CLERK OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 23 AM 11:38

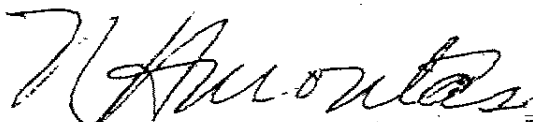
FILED

I, NARCISO MONTAS, hereby resign as PRESIDENT  
(Title)

of REVELATION 3:20 BOOKSTORE, INC  
(Name of Corporation)

P04000025069, 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