## Nº08000005607

(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



500207502255

05/12/11--01012--015 \*\*35.00

Spr/Dir Rengo



11 5-11

## **COVER LETTER**

SUBJECT: Touched By Faith I	
	(Name of Corporation)
DOCUMENT NUMBER: NO8	300005607
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Marcus Anderson	
(Name of Per	son)
Touched By Faith Inc.	
(Name of Firm/Co	ompany)
351 15th Street North	÷
(Address)	
Saint Petersburg , FL 33705	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Marcus Anderson	at ( 813 ) 380-9843
(Name of Person)	at (813) 380-9843 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le payable to the Florida Department of State.
Street Address:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION SEC. 12 PM 1:50

I,	, hereby resign as President
	(Title)
of Touched By Faith Inc.	
	Name of Corporation)
N08000005607	, 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