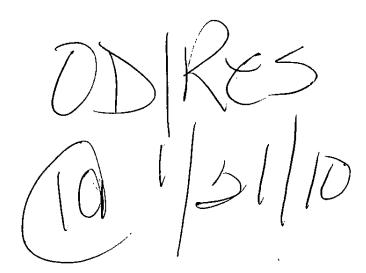
(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Ang, s Touch Charities Inc. (Name of Corporation)
DOCUMENT NUMBER: N 08 00008795
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)  2650 SE. 16 Jan #206  (Address)  (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 166.7503  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	Vict. H. Roms, Th., hereby resign as Incorporation (Title	OWHEN Dice	· Pare: 17
of	Angels touch chanties itec (Name of Corporation)		,
	(Document Number, if known)	state of	
	tion, de		-1
	(Signature of resigning officer/director)	10 JAN 20 PH	SECRETARY O

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