

PO2000126170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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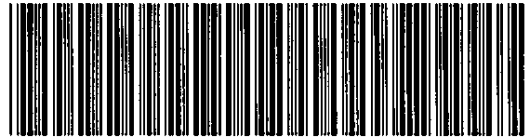
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 16 PM 2:30

MAR 18 2015

T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUE AND FAITH, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000126170

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

Please return all correspondence concerning this matter to the following:

SHILPI AKTER

(Name of Person)

TRUE AND FAITH, INC

(Name of Firm/Company)

16710 NE 9 AVE #611

(Address)

NORTH MIAMI BEACH, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

SHILPI AKTER

(Name of Person)

at (786) 277-7400

(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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 16 PM 2:30

I, SHILPI AKTER, hereby resign as DVP
(Title)

of TRUE AND FAITH, INC.
(Name of Corporation)

P02000126170, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Shilpi Akter

(Signature of resigning officer/director)

03-12-2015

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