

P11000109299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

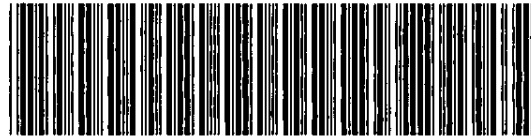
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUE FAITH GIFTS INC.
(Name of Corporation)

DOCUMENT NUMBER: P11000109299

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

Please return all correspondence concerning this matter to the following:

PHILLIP PECORARO
(Name of Person)

TRUE FAITH GIFT
(Name of Firm/Company)

8222 GRIFFIN RD
(Address)

DAVIE, FLORIDA 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

PHIL PE CORARO at (954) 434-8975
(Name of Person) (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**

I, PHILIP PECORARO, hereby resign as PRESIDENT
(Title)

of TRUE FAITH GIFTS INC.
(Name of Corporation)

P11000109299, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
13 MAR 11 PM 2:19

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

I WANT TO COMPLETELY SEVER TIES WITH TRUE FAITH GIFTS INC

