

P130000051340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

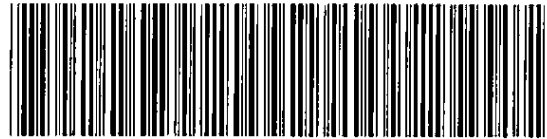
(Document Number)

Certified Copies _____ Certificates of Status _____

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ONO Resign

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S. CHATFIELD
OCT 21 2023

10/18/23--01024--001 **35.00

2023 OCT 13 AM 8:29

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAMILLAS TOUCH INC

(Name of Corporation)

DOCUMENT NUMBER: P13000051340

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

CAMILLA MINUS

(Name of Person)

CAMILLAS TOUCH INC

(Name of Firm/Company)

6005 FORT PIERCE BLVD

(Address)

FORT PIERCE FLORIDA 34951

(City/State and Zip Code)

For further information concerning this matter, please call:

CAMILLA MINUS at (772) 205-7028

(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

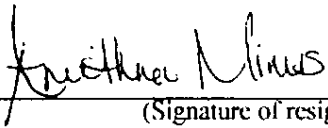
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANITHRA MINUS, hereby resign as COO
(Title)

of CAMILIAS TOUCH INC
(Name of Corporation)

P13000051340, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

2 6:18 AM 8:29

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