## P14000096248

(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:

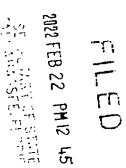




700381828647

resignation of

02/22/22--01044--008 \*\*210.00



A. RAMSEY MAR 02 2022

## TRANSMITTAL LETTER $\zeta$

TO: Amendment Section Division of Corporations	• •
SUBJECT: BATH TRENDS PALM BEAC	HES INCORPORATED
	(Name of Corporation)
DOCUMENT NUMBER: P1400009624	8
The enclosed Officer/Director Resignat	tion for a Corporation and fee are submitted for filing
Please return all correspondence concer	rning this matter to the following:
Melissa Porri	
(Name of Person)	<del></del>
(Name of Firm/Compa	nny)
1263 NW 87th Ave	
(Address)	
Coral Springs, FL 33071	
(City/State and Zip Co	ode)
For further information concerning this	matter, please call:
Melissa Porri	at (561 ) 523-3513 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	ayable to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2022 FEB 22 PM 12 45

SET HARY OF STATE TALL AND SEE FLOOR

Melissa Porri	SCTY , hereby resign as
**	(Title)
BATH TRENDS PALM BE	ACHES INCORPORATED
<u></u>	(Name of Corporation)
P14000096248	a corporation organized under the laws of the State of
(Document Number, if ki	own)
Florida	
	<del></del>
	(Signature of resigning officer/director)

## **FILING FEE 18 \$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