

A21 000 000 115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

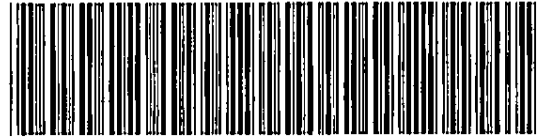
(Business Entity Name)

(Document Number)

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JUL 13 2021



2240 Twelve Oaks Way, Suite 102 Wesley Chapel, FL 33544
Phone: (866) 620-8416
Fax: (888) 428-5910

Dawn M. Addison
Psychiatric Nurse Practitioner
APRN-C PMHNP-C

Mary E. Lopusnak
Licensed Clinical Social Worker
ART Master Clinician

Camille Turner-Snagg
Psychiatric Nurse Practitioner
APRN-C PMHNP-C

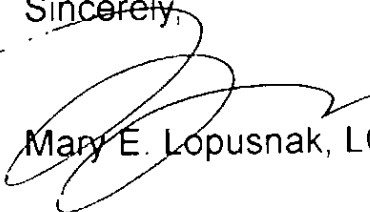
Lori Duke
Clinical Social Worker
Registered Intern

June 20, 2021

To Whom It May Concern:

I Mary E. Lopusnak, LCSW am writing this letter to give my official resignation to Divine Minds Wellness Center, LLLP. This resignations gives Dawn Addison the ability to utilize the said business name as a dba to Healthy Minds & Healing Hearts. Additionally, Dawn can sign to close out the checking account at Grow Financial or transfer any funds in the account to her business account. Dawn will relinquish me from any further financial responsibility.

Sincerely,


Mary E. Lopusnak, LCSW



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Divine Minds Wellness Center

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A21000000115

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dawn Addison

Contact Person

Divine Minds Wellness Center

Firm/Company

2240 Twelve Oaks Way, Suite 102

Address

Wesley Chapel, FL 33544

City, State and Zip Code

dawnhammond27@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Addison

at (813) 815-8200

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

CK# 1003
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

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

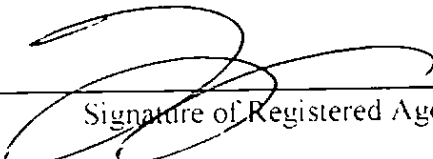
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Mary Lopusnak _____, hereby resigns as
Name of Registered Agent

Registered Agent for Divine Minds Wellness Center
Name of Limited Partnership or Limited Liability Limited Partnership

A21000000115
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Mary Lopusnak
Typed or Printed Name
Registered Agent
Capacity

FILED
MAR 31 2011
PITTSBURGH

Filing Fee: \$87.50
Certified Copy (optional): \$52.50