

N130000010117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

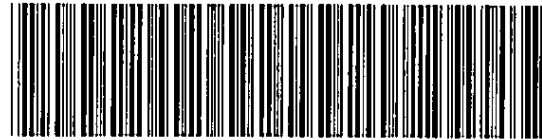
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500353404005

10/09/20--01012--004 --\$25.00

2020  
11  
3:49

CD/RES

NOV 15 2020  
ALBRITTON

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PINK HEALS SOUTHWEST FLORIDA CHAPTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N13000010117

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

Please return all correspondence concerning this matter to the following:

AMY CASTRO  
(Name of Person)

PINK HEALS SOUTHWEST FLORIDA CHAPTER, INC.  
(Name of Firm/Company)

P.O. Box 150658  
(Address)

CAPE CORAL, FL 33915  
(City/State and Zip Code)

For further information concerning this matter, please call:

AMY CASTRO at ( 239 ) 878-6678  
(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, SUSAN LEWIS, hereby resign as Vice President  
(Title)

of PINK HEALS SOUTHWEST FLORIDA CHAPTER INC.  
(Name of Corporation)

NI3000010117 a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Susan Lewis  
(Signature of resigning officer/director)

**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

2006 JUN 13 3:49