

N13000010117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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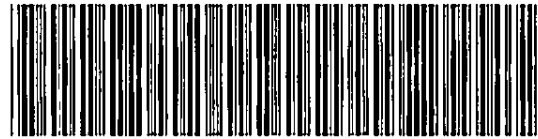
(Business Entity Name)

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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, FLORIDA 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, JUDITH L. HARTWELL, hereby resign as TREASURER
(Title)

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

N13000010117 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Judith L. Hartwell
(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

27
04-03-15