

N20000612559

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(City/State/Zip/Phone #)

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S. CHATHAM

AUG 24 2023

2023 JUL 24 PM 3:08

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOMEN WITH BROKEN HEALS, INC.

(Name of Corporation)

DOCUMENT NUMBER: N20000012559

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

Please return all correspondence concerning this matter to the following:

Trenise Bryant

(Name of Person)

WOMEN WITH BROKEN HEALS, INC.

(Name of Firm/Company)

16919 NW 14TH AVENUE

(Address)

MIAMI GARDENS, FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

Trenise Bryant _____ at (786) 2677629
(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

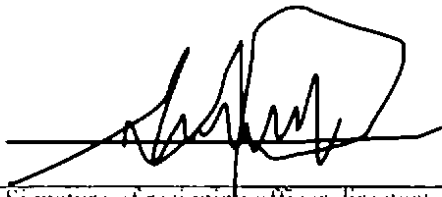
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PIERROT MERVILIER, hereby resign as TREASURER
(Title)

of WOMEN WITH BROKEN HEALS, INC.
(Name of Corporation)

N20000012559, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

2007 JUL 24 PM 3:08

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