

N220000002062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

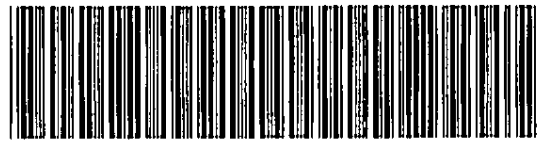
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400397665854

*Resignation of
officer*

FILED
2022 NOV 15 PM 12:46
CLERK OF COURT

A. RAMSEY
FEB 10 2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heal for Us Inc
(Name of Corporation)

DOCUMENT NUMBER: N 22 000002062

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

Please return all correspondence concerning this matter to the following:

Caridad Garcia, LCSW
(Name of Person)

Heal for Us Inc
(Name of Firm/Company)

957 SW 122 Ave
(Address)

Pembroke Pines FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

Caridad Garcia at (305) 335 4037
(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

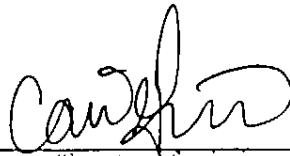
Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2022 NOV 15 PM 12 46
TALLAHASSEE, FLORIDA

I, Caridad Garzia, LSW hereby resign as Director
(Title)
of Heal for US Inc
(Name of Corporation)
N22000002062 a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(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