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(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(0)		
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Heal Fo	(Calling of Corporation)
DOCUMENT NUMBER: N ?? D D	0002062
The enclosed Officer/Director Resignation for	or a Corporation and fee are submitted for filing
Please return all correspondence concerning	this matter to the following:
Ana C. Peret (Name of Person)	
Heal For Us In (Name of Firm/Company)	<u>C</u> .
10730 SW 136 CT (Address)	
Miami FL 3318 6 (City/State and Zip Code)	··
For further information concerning this matter	er, please call:
Ana C. Perez (Name of Person)	at (305) 607 -9231 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	e to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>And</u>	a C. Perez	, hereby resign as	Director (Title)
of	Heal For	V US Inc.	
N 270 (Docume	00002062, a	corporation organized und	ler the laws of the State of
	2		
	(Signa	ture of regigning officer/director	or)
			2623 HAY 24

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314