

N22000006018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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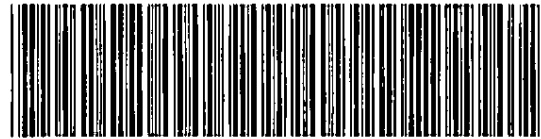
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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RA Resignation

MAR 21 2023

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Period Privilege, INC.  
(Name of Corporation)

DOCUMENT NUMBER: N22000006018

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTORIA C. ZINN

(Name of Person)

ZINN LEGAL, PA

(Name of Firm/Company)

PO BOX 10016

(Address)

DAYTONA BEACH, FL 32120

(City/State and Zip Code)

For further information concerning this matter, please call:

VICTORIA ZINN

386

256-9466

(Name of Person)

at (

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FL

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Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, VICTORIA C. ZINN

(Name of Registered Agent)

hereby resigns as Registered Agent for THE PERIOD PRIVILEGE INC

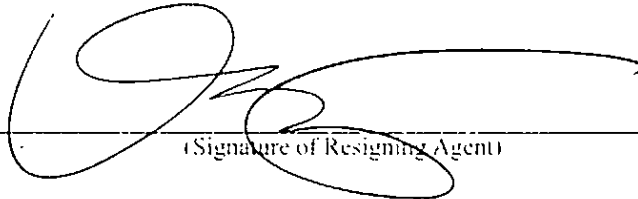
(Name of Corporation)

N22000006018

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

VICTORIA C. ZINN o/b/o ZINN LEGAL, P.A.

(Typed or Printed Name)

President, Zinn Legal, P.A.

(Capacity)

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2023 JAN -9 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314