N22000006018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Old Resignation

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE PERIOD PRIVILEGE INC
(Name of Corporation)

DOCUMENT NUMBER: N22000006018

The enclosed Officer/Director Resignation 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, P.A.
(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 C. ZINN at (386) 256-9466
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

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SECRETARY OF STATE
TALLAHASSEE, FL

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, VICTORIA C. ZINN, hereby resign as SECRETARY
(Title)

of THE PERIOD PRIVILEGE INC
(Name of Corporation)

N22000006018
(Document Number, if known), a corporation organized under the laws of the State of 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

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