

N220000006018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

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

SECRETARY OF STATE
TALLAHASSEE, FL

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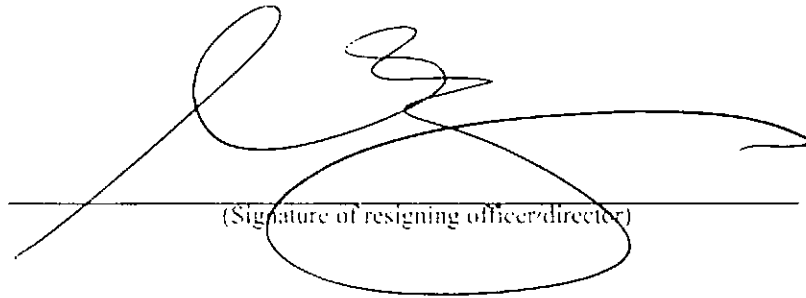
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

of THE PERIOD PRIVILEGE INC
(Name of Corporation)

N22000006018, 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

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TALLAHASSEE, FL

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