

N22000012988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

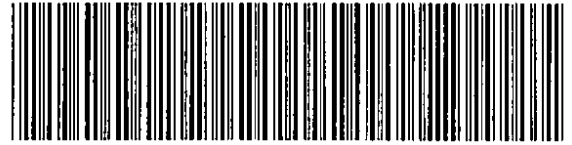
(Business Entity Name)

(Document Number)

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S. CHATHAM
AUG 10 2023

2023 JUN 27 PM 4:52
S. CHATHAM

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIBROID ID INC

(Name of Corporation)

DOCUMENT NUMBER: N22000012988

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

Please return all correspondence concerning this matter to the following:

Chelsea Lunn

(Name of Person)

(Name of Firm/Company)

300 11th Ave N #227

(Address)

Nashville, TN 37203

(City/State and Zip Code)

For further information concerning this matter, please call:

Chelsea Lunn

_____ at (954) 599-8428
(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**

I, Chelsea Lunn, hereby resign as Officer/Director
(Title)

of FIBROID ID INC
(Name of Corporation)

N22000012988, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

2023 JUN 27 PM 4:52

Chelsea Lunn OK 6/14/2023
(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