

N240000009829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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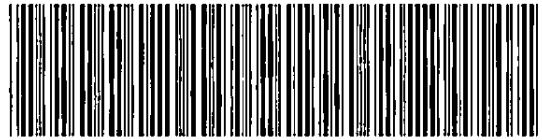
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Peaceful Minds Bilingual Counseling Service, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N24000009829  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Maria Zornosa  
\_\_\_\_\_

(Name of Person)

Peaceful Minds Bilingual Counseling Service, Inc.  
\_\_\_\_\_

(Name of Firm/Company)

1232 SW Goodman Avenue  
\_\_\_\_\_

(Address)

Port St Lucie, FL 34953  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Zornosa  
\_\_\_\_\_

(Name of Person)

at ( 772 ) 626-6185  
(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, Maria Zornosa, hereby resign as Director  
(Title)

Of Peaceful Minds Bilingual Counseling Service, Inc.  
(Name of Corporation)

N24000009829, 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