N30800

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

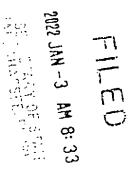
Office Use Only



100376731581

resignation 95 Officer

01/03/22--01008--012 **35.00



A RAMSEY
JAN 2 4 2077

TRANSMITTAL LETTER

SUBJECT: Deaf and Hard of Hearing Services of the Trasure Coest, Inc. (Name of Corporation)
DOCUMENT NUMBER: N 30800
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Namelof Person)
(Name of Firm/Company)
2601 5W High Medans And
Palm City FL 34990 (City/State and Zip Code)
For further information concerning this matter, please call:
hisa Vasaultz at (772) 2100. G867 (Area Code & Daytime Telephone Number)

Mailing Address:

TO: Amendment Section Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2022 JAN -3 AM 8: 33

THE HASSEF FRANK

I. LISA VASQUEZ hereby resign as TCEASUSES
(Time)
of Rest and Haid of Harring Services of the Trasure Coast, Inc.
N 30800, a corporation organized under the laws of the State of
(Document Number, if known)
<u>Florida</u>
hum Therese There was
(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