

P10 000042113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

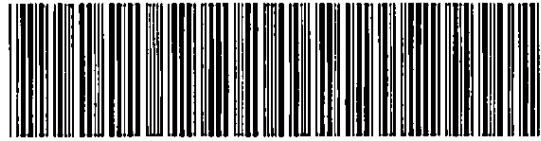
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

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2021

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Not my Daughter find a cure now!
(Name of Corporation)

DOCUMENT NUMBER: P10000042113 Letter # 421A00017826

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

Please return all correspondence concerning this matter to the following:

Denyse Hosh6
(Name of Person)

Not my Daughter Inc
(Name of Firm/Company)

5544 Coral Ridge Drive Box 307
(Address)

Coral Springs, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

Denyse Hosh6 at (934) 821-7228
(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, Denye Hosh6, hereby resign as President
(Title)

of Not my Daughter... find a care New!
(Name of Corporation)

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


(Signature of resigning officer/director)

STATE OF FLORIDA
TALLAHASSEE, FL

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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