

P1600000098463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

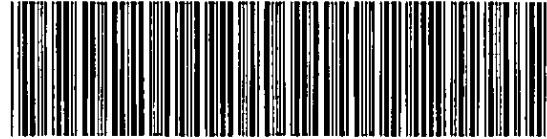
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FLA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palm Beach Medicinal Herbs Inc

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000008463

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

Please return all correspondence concerning this matter to the following:

Shirley Manko

\_\_\_\_\_  
(Name of Person)

Palm Beach Medicinal Herbs Inc

\_\_\_\_\_  
(Name of Firm/Company)

5840 Corporate Way, Suite 112

\_\_\_\_\_  
(Address)

West Palm Beach, FL 33407

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shirley Manko

at ( 561 ) 797-2100

\_\_\_\_\_  
(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**

2023 JAN -3 PM 5:21  
SECRETARY OF  
TALLAHASSEE

61170

I, Mariah Diane Parrish, hereby resign as Vice President  
(Title)

of Palm Beach Medicinal Herbs Inc  
(Name of Corporation)

P16000008463, 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