

P19 000075293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

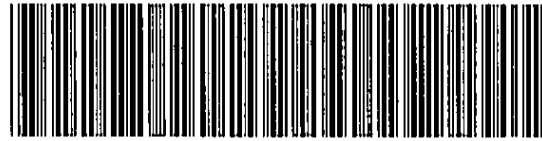
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SECRETARY OF STATE
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2021

ROXANA MOLINA-LOPEZ
12911 ELLISON WILSON ROAD
NORTH PALM BEACH, FL 33408

SUBJECT: MYOFASCIAL HEALING CENTER INC
Ref. Number: P19000075293

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please complete the enclosed Resignation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 021A00026544

Rec. 12/9/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Myofascial Healing Center, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P19000075293

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Roxana Molina-Lopez

(Name of Person)

Myofascial Healing Center, Inc.

(Name of Firm/Company)

12911 ELLISON WILSON ROAD

(Address)

NORTH PALM BEACH, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Roxana Molina-Lopez

(Name of Person) at (305) 793-2469
(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**

FILED

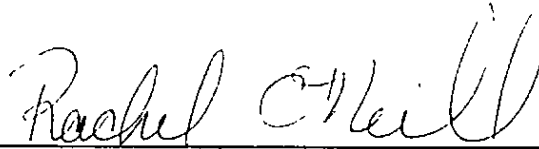
2021 DEC -9 AM 4:47

SECRETARY OF STATE
TALLAHASSEE, FL

I, Rachel O'Neill, hereby resign as President
(Title)

of Myofacial Healing Center, Inc.
(Name of Corporation)

P19000075293, 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