

P20 000051491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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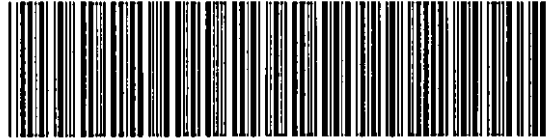
(Business Entity Name)

(Document Number)

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2021 APR 29 PM 7:35
SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRAVO'S MENTAL HEALTH CARE, INC

(Name of Corporation)

DOCUMENT NUMBER: P20000051491

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

NERELYS PEREZ

(Name of Person)

(Name of Firm/Company)

7687 W 36TH AVE. UNIT 1

(Address)

MMALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

YUSNELIS ACOSTA

(Name of Person)

786

236-5408

at (

_____) _____
(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, NERELYS PEREZ
(Name of Registered Agent)

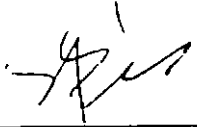
hereby resigns as Registered Agent for BRAVO'S MENTAL HEALTH CARE, INC
(Name of Corporation)

P20000051491

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

YUSNELIS Acosta
(Typed or Printed Name)

(Capacity)

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2021 APR 29 PM 7:35
SECRETARY OF STATE
TALLAHASSEE, FL

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314