## P23000003150

(Requestor's Name)	
(Address)	
(Address)	
, ,	
(City/State/Zip/Phone #)	
(City/Clate/21p/F11011e #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Consist the same time to Filler Office	
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SECRETARY OF STA

FI! ED 2023 MAR -6 PH 5: 31



## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Healthy Life Therapy Treatment S	Services, P.A.
	(Name of Corporation)
DOCUMENT NUMBER: P23000003650	
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Hunter Stahl	
(Name of Person)	<del></del>
Threlkeld Law, P.A.	
(Name of Firm/Compan	ny)
3003 Tamiami Trail N. Suite 400	
(Address)	
Naples, FL 34103	•
(City/State and Zip Cod	le)
For further information concerning this i	natter, please call:
Hunter Stahl	at (239 234-5034 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	able to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327



MAX BELOT	PRESIDENT
l	, hereby resign as(Title)
HEALTHY LIFE THERAPY TREATM	MENT SERVICES, P.A.
of(Nar	ne of Corporation)
P23000003650	, a corporation organized under the laws of the State of
(Document Number, if known)	a corporation organized under the laws of the state of
FLORIDA	
	<del></del> '
	DocuSigned by:
	Max a Belot
	(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