P23000062322

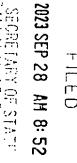
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Oity/State/Zip/Filone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J DETAUS		
GCT 1 1 2023		





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09/28/23--01029--003 **35.00



TRANSMITTAL LETTER

Peak ABA Therapy Inc. SUBJECT:	(Ni-ses Comparison)
D22000072222	(Name of Corporation)
DOCUMENT NUMBER: P23000062322	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concernit	ng this matter to the following:
Marianela Mayor	
(Name of Person)	
Peak ABA Therapy Inc.	
(Name of Firm/Company)
1000 Parkview Dr Apt 329	
(Address)	
Hallandale Beach, FL 33009	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Marianela Mayor	at (404 547-1839 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Marianela Mayor I,	CEO , hereby resign as
-,	(Title)
Peak ABA Therapy Inc.	
(Na	me of Corporation)
P23000062322	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	·
~	factor fay of
	(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 SEP 28 AM 8: 5

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