

P23000062322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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2023 SEP 28 AM 8:52

SECRETARY OF STATE  
CLERK OF SUPERIOR COURT

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Peak ABA Therapy Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P23000062322  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning 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 matter, please call:

Marianela Mayor at ( 404 ) 547-1839  
\_\_\_\_\_  
(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**

I, Marianela Mayor, hereby resign as CEO  
(Title)

of Peak ABA Therapy Inc.  
(Name of Corporation)

P23000062322, 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA