763275

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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T. LEMIEUX NOV - 5 2021

TRANSMITTAL LETTER

Division of Corporations Humane Society/SPCA of Sumter County, Inc., dba/YOUR Humane Society SPCA **SUBJECT:** (Name of Corporation) DOCUMENT NUMBER: 763275 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Claudia Labbé (Name of Person) Humane Society/SPCA of Sumter County, Inc.,dba/YOUR Humane So (Name of Firm/Company) PO Box 67, 994 CR 529A (Address) Lake Panasoffkee, FL 33538 (City/State and Zip Code) For further information concerning this matter, please call: at (_____)
817-3995
(Area Code & Daytime Telephone Number) Claudia Labbé, Chairman (Name of Person)

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Jane Mouradjian	Director, hereby resign as	
I,	, hereby resign as (Title)	
ot .	nty, Inc., dba/YOUR Humane Society SPCA	
•	the of Corporation)	
(Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
Jan	(Signature of resigning officer/director)	
	FILING FEE IS \$35.00 File to Florida Department of State and mail to:	
Make checks payai	ole to Florida Department of State and mail to:	
	FILING FEE IS \$35.00 CT 26 CHECK State and mail to: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	