

115000010153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

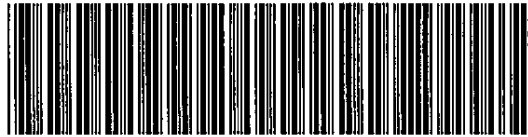
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUL 29 P 3:40

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AUG 5 0 9AM  
T. LEMUEUX

July 27, 2016

To Whom it May Concern:

I no longer feel I can effectively remain a member of Team Moose Rescue Inc. Therefore I am requesting my name be removed.

Sincerely,  
Kathy Grey/  
Kathleen M. Grey

7/27/2016

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Team Moose Rescue Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N15000010153

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie McCoy  
(Name of Person)

Team Moose Rescue Inc.  
(Name of Firm/Company)

1227 NE 40<sup>th</sup> Terrace  
(Address)

Cape Coral, FL 33909  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lara Simonsen at (863) 290-7516  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

7/27/2016

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Kathy Irey, hereby resign as Vice President  
(Title)

of Team Moose Rescue Inc,  
(Name of Corporation)

N15000010153, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Kathy Irey  
(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 FL 32314

**FILED**