## N15000010153

(Reque	stor's Name)	
(Addres	ss)	
. (Addres	ss)	
(City/St	ate/Zip/Phone :	#)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	e)
(Docum	nent Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filin	g Officer:	
Certified Copies	Certificates o	of Status





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SEP 17 2015 C. CARROTHERS



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Team Moose Pescue Inc (Name of Corporation)
DOCUMENT NUMBER: NISO00010153
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Debra Mc Coy (Name of Person)
Team Moose Rescue Inc (Name of Firm/Company)
1227 NE 40th Terrace (Address)
Cape Coral FL 33909 (City/State and Zip Code)
For further information concerning this matter, please call:
Debra McCoy at (
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	of Corporation)		,
5000010153 Document Number, if known)	, a corporation organized	under the laws of the	State of
Florida	<u>_</u> .		
(And	a Sun ma		en 
	Signature of resigning officer/d	irector)	

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