N09000010433

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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08/09/11--01007--007 **35.00

M/ DW Resup



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COVER LETTER

Division of Corporations
SUBJECT: Key West Wild Bird Center, Inc. (Name of Corporation)
DOCUMENT NUMBER: N09000010433
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tom Sweets (Name of Person)
Key West Wild Bird Center Inc (Name of Firm/Company)
P. O. Box 2297 (Address)
Key west FL 33045 (City/State and Zip Code)
For further information concerning this matter, please call:
Tom Sweets at 305 aga-1008 (Name of Person) at 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 Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION 1 AUG -9 PM 12: 08

FOR A CORPORATION

I, Michelle Anderson hereby resign as Nove President (Title)

of Meywest wild Bird denser Inc.

(Name of Corporation)

NO900010433 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