## 730565

| (Re                     | equestor's Name)   |   |
|-------------------------|--------------------|---|
|                         |                    |   |
| (Ac                     | ldress)            |   |
|                         |                    |   |
| (Ad                     | ldress)            |   |
|                         |                    |   |
| (Cir                    | ty/State/Zip/Phone | e #)                                    |
| PICK-UP                 | ☐ WAIT             | MAIL                                    |
|                         |                    |   |
| (Bu                     | ısiness Entity Nar | ne)                                     |
|                         |                    |   |
| (Do                     | ocument Number)    |   |
|                         |                    |   |
| Certified Copies        | _ Certificates     | s of Status                             |
|                         |                    |   |
| Special Instructions to | Filing Officer:    | - · · · · · · · · · · · · · · · · · · · |
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Office Use Only



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**C.COULLIETTE** 

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**EXAMINER** 

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: ANIMAL Welfage Society of So. FLORIDA  |
| DOCUMENT NUMBER: 730565   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| BARRIE SAND   |
| (Name of Person)  |
|   |
| (Name of Firm/Company)  |
| 13511 NE 24 Court   |
| (Address)  NO Wighti FLA 33181  (City/State and Zip Code)                                     |
| For further information concerning this matter, please call:                                  |
| BARRIE SANO at (305) 173-2023  (Name of Person) (Area Code & Daytime Telephone Number)        |
| (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, BARRIK SANO, hereby resign as PTD (As of 8/31/10)  | ) |
|---|---|
| of Animal Welfare Sciety of South Pla Ire, (Name of Corporation)                            |   |
| 730565 , a corporation organized under the laws of the State of (Document Number, if known) |   |
| FLORIDA   |   |
| Paru Jano (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