

721752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER 9/25/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shank Animal Hosp
(Name of Corporation)

DOCUMENT NUMBER: F2 1752

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

Please return all correspondence concerning this matter to the following:

Eldon Crone
(Name of Person)

Shank Animal Hospital
(Name of Firm/Company)

3225 N. Andrews Ave
(Address)

FT Lauderdale FL 33309-6055
(City/State and Zip Code)

For further information concerning this matter, please call:

Eldon Crone at (954) 401-8197
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ELdon ~~Shank~~ Crane hereby resign as A.
(Title)

of Shank Animal Hospital, Inc.
(Name of Corporation)

F21752
(Document Number, if known), a corporation organized under the laws of the State of

F21752 FLORIDA

FILED
09 SEP 18 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Eldon Crane
(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