N000000 7688

(Requestor's Name) (Address)	000309456950				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	02/27/18	01030003 **35.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	S TALLENT FEB 28 2018	FILED 18 FEB 27 PH 1: 39			
	SM Rosign				

Office Use Only

TRANSMITTAL LETTER

SUBJECT: Animal Aid INC (Name of Corporation)
DOCUMENT NUMBER: N0000000 7686
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Wendy Betwha / (Name of Person)
(Name of Firm/Company)
1360 JW 19th 5treet
Doca Rator Fl. 33486 (City/State and Zip Code)
For further information concerning this matter, please call:
Wency Bettlia at (954) 254.6081 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Wendy.	BetVlia	, hereby	resign as <u>C</u>	1 Dire	C Title)	
of_	Animal	Aid (Name of Co	NC.				
V	000000 76 (Document Number, if k	98, a	corporation org	ganized under	the laws of th	he State of	
	Florida	·					
		<u>Li v</u> Giy (Signal	De tiil ture of resigning o	(1) (Mirector)		18 FED 67	FILEU FILEU

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314