

N000000007688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

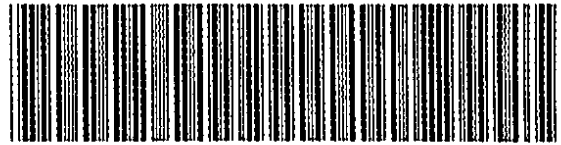
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500309185565

02/27/18--01005--027 **35

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Animal Aid, INC.
(Name of Corporation) N00000007688
DOCUMENT NUMBER: ~~N707288~~

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

Please return all correspondence concerning this matter to the following:

Michael Mullins
(Name of Person)

(Name of Firm/Company)

1637 NE 18TH AVE.
(Address)

Fort Lauderdale, FL 33305
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Mullins at (202) 744-0770
(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
2661 Executive Center Circle
Tallahassee, FL 32301

2018 FEB 26 3:11 PM

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Mullins, hereby resign as a Director
(Title)

of Animal Aid Inc.
(Name of Corporation)

000000007688, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Michael Mullins
(Signature of resigning officer/director)

2018 FEB 26 AM 10:00

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

THIS DOCUMENT IS FORMALLY FILED
AFTER MY RESIGNATION ON 12/19/17