

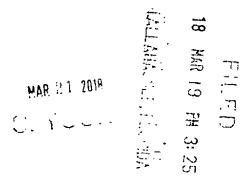
(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400310438764

03/19/18--01036--020 **35.00



TRANSMITTAL LETTER

SUBJECT: Animal Aid Inc
(Name of Corporation) DOCUMENT NUMBER: \$\int \text{DOD} \text{OO}
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Samantha Palmer (Name of Person)
Animal Aid Inc (Name of Firm/Company)
571 NE 44th St
Oakland Park, FL, 33334 (City/State and Zip Code)
For further information concerning this matter, please call:
Samantha Palmer at (754) 234-5143 (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

Samantha Palmer	, hereby resign as Vice President	
	(Title)	
of Animal Aid Inc		
(Name	of Corporation)	
NOWOOOD 7688 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	_•	
- Ann	Signature of resigning officer/director) A Signature of resigning officer/director)	

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