M030001111

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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CLIAHASSEE, FLORIDA

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2009 JAN -6 AM 10: 30 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Helping Hands Pet Resule (Name of Corporation)
DOCUMENT NUMBER: NO3000011111
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Holping Hands Rescue (Name of Firm/Company)
14260 W. Newlack Rd PMR 140
Newberry Ft 321009 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352) 505-1610 (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
Post Office 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, Wisten Marshall hereby resign as Direct	tor Vice President
of Helping Hands Pet Roscue the	···································
(Document Number, if known), a corporation organized under the law	vs of the State of
Florial.	
(Signature of resigning officer/director)	
(Significant of resigning entremanes)	2009 JAN -6 SECRETAR TALLAHASS
	mo =
FILING FEE IS \$35.00	AMIO: 36 OF STATE EF, FLORIDA

Amendment Section
Division of Corporations
P.O. Box 6327

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

Tallahassee, Florida 32314