

N06000007118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

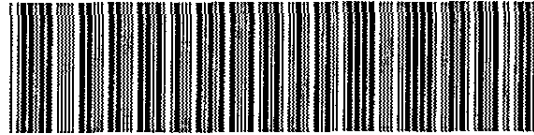
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Resign
587

C. Coulllette JAN 22 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Plant City Equine Rescue, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000007118

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robert D. Eckard, Esquire
(Name of Person)

Law Office of Robert D. Eckard & Associates, P.A.
(Name of Firm/Company)

3110 Alt. U.S. 19 North, Suite A
(Address)

Palm Harbor, Florida 34683
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert D. Eckard, Esquire at (727) 772-1941
(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, Michael Conway, hereby resign as Treasurer
(Title)

of Plant City Equine Rescue, Inc.
(Name of Corporation)

N06000007118, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

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