N07000009368

| (Red | uestor's Name) | |
|---|-------------------|-------------|
| · (Add | iress) | |
| (Ada | dress) | |
| (City | //State/Zip/Phono | e #) |
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| (Bus | siness Entity Nar | me) |
| (Document Number) | | |
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OF CHETARY OF STATE OF CORPORATION

C.COULLIETTE DEC 1 5 2010

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

| Calliar Spay No | utor Clinia |
|--|--|
| SUBJECT: Collier Spay Ne | (Name of Corporation) |
| DOCUMENT NUMBER: | N0700009368 |
| The enclosed Officer/Director | Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence | ce concerning this matter to the following: |
| Cathleen Ahern | |
| (Name o | f Person) |
| Collier Spay Neuter Clinic | |
| • • | m/Company) |
| 2544 Northbrooke Plaza D | r |
| (Add | ress) |
| Naples, Fi 34119 | |
| (City/State and | nd Zip Code) |
| For further information concer | ning this matter, please call: |
| Cathleen Ahern | at (978) 994-9299 |
| (Name of Person | at (978) 994-9299 (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

| . Cathleen Ahern . | hereby resign as Director |
|---|--|
| " | (Title) |
| of Collier Spay Neuter Clinic | |
| (Nam | ne of Corporation) |
| N0700009368 (Document Number, if known) | , a corporation organized under the laws of the State of |
| Florida | |
| | |
| | |
| | ^ |
| C. MA | A. |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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

