

ND90000001070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

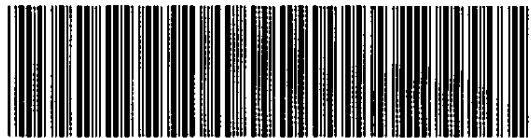
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100183640581

08/02/10--01023--003 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 AUG -2 AM 10: 27.

DD/RES
@ 8/3/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEART OF THE HAMMOCK HUMANE SOCIETY THRIFT STORE, INC.
(Name of Corporation)

DOCUMENT NUMBER: NO9 00000 1670

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

Please return all correspondence concerning this matter to the following:

PAULA POWERS
(Name of Person)

(Name of Firm/Company)

921E 356 AVE
(Address)

OLD TOWN, FL 32680
(City/State and Zip Code)

For further information concerning this matter, please call:

PAULA POWERS at (352) 463-7689 (work)
(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, PAULA POWERS, hereby resign as SECRETARY
(Title)

of HEART OF THE HAMMOCK HUMANE SOCIETY THRIFT STORE, INC.
(Name of Corporation)

NO 9000001670, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Paula Powers
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 AUG - 2 AM 10: 27