N09000010433

(Red	luestor's Name)	
(Add	lress)	
(Ada	iress)	
(ride	11033)	
(City	/State/Zip/Phone	∌ #)
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PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
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(DOC)	ument Number)	
Certified Copies Certificates of Status		
Supplied Implementation to 5	Olina Officer	
Special Instructions to F	ning Onicer.	

Office Use Only



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0/D

Resign.

DC

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COVER LETTER

то:	Amendment Section Division of Corporations
SUBJI	ECT: Key West Wild Bird Center, Inc.
5050	(Name of Corporation)
DOCU	JMENT NUMBER: N09000010433
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Miche	elle Anderson
	(Name of Person)
Key V	West Wild Bird Center, Inc.
	(Name of Firm/Company)
1801	White Street
	(Address)
Key V	Vest, FL 33040
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Laurie	(Name of Person) at (305) 293-0265 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Divisio Clifton 2661 E:	Address: ment Section n of Corporations Building xecutive Center Circle ssee, Fl. 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

. . . .

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as Treasurer (Title)		
	(11112)	
Name of Corporation)		
, a corporation organized under the laws of the State of		
·		
	er, Inc.	

(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 TANGE SA AND SUCCESSION OF SUC