

N120000003552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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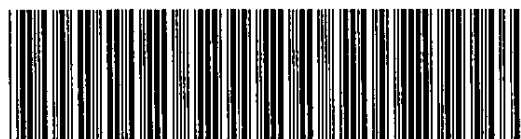
(Business Entity Name)

(Document Number)

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JUL 31 2012

T. BROWN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 100PLUSANIMALRESCUE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N12000003552

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

Please return all correspondence concerning this matter to the following:

AMY J. RESTUCCI

(Name of Person)

100PLUSANIMALRESCUE, INC.

(Name of Firm/Company)

1214 LAKE AVE., APT. A

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

RALPH D. RESTUCCI

(Name of Person)

at ( 561 ) 860-3783

(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**

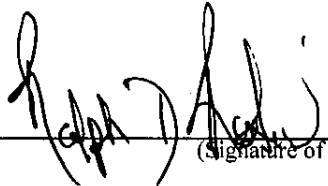
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 30 AM 11:26**

I, RALPH D RESTUCCI, hereby resign as Director  
(Title)

of 100PLUSANIMALRESCUE, INC.,  
(Name of Corporation)

N12000003552, 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