

N13000068475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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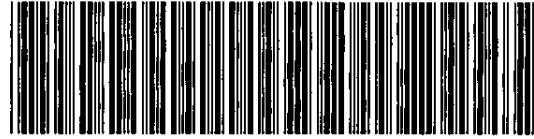
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2014
T. LAMARCA
D/O

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTIE'S HANDS & PAWS FOR PASCO, INC.
(Name of Corporation)

DOCUMENT NUMBER: N13000008475

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

Please return all correspondence concerning this matter to the following:

Angela Kaul

(Name of Person)

1827 NorthPointe Parkway

(Name of Firm/Company)

(Address)

Lutz, FL 33558

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Kaul

(Name of Person)

at (**813**) **792-9300**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Angela Kaul, hereby resign as Vice President/Dir
(Title)

of ARTIE'S HANDS & PAWS FOR PASCO, INC.,
(Name of Corporation)

N13000008475, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Angela Kaul

Digitally signed by Angela Kaul
DN: cn=Angela Kaul, o=OPINICUS Corporation, ou,
email=akaul@opinicus.com, c=US
Date: 2014.12.04 10:31:48 -05'00'

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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