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TRANSMITTAL LETTER

SUBJECT: WE CARE WILDLIFE SANTUAL CORDONATION (Name of Corporation)
DOCUMENT NUMBER: N 150 · 00 00 7850
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MiniAm Olistan (Name of Person)
We CARE WildLife 5 ANCTOARY COR PORATION (Name of Firm/Company)
15770 Sw 155 Cost
MIAMI FLOR JA 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
Mini Am Office at (305) 798 1663 (Name of Person) at (305) 798 1663 (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 2661 Executive Center Circle Tallahassee, FL 32301

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

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	MIRIAM	Oliver	, hereby re	esign as D	(Title)	
of_	<u> </u>	CARE OF C	orporation)	SANCT	JALI, Co	IRPORATIO,
لم	(Document Number,	<u> 7850</u> , a if known)	corporation orga	nized under the	laws of the State	of
	FloridA					
)		4 : 28 ************************************	18 HAR
		(Signa	nture of resigning off	icer/director)		RISE

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