## N1500000 9304

| (R                     | equestor's Name)       |        |  |
|------------------------|------------------------|--------|--|
| (A                     | ddress)                |        |  |
| <u> </u>               | ddress)                |        |  |
| (C                     | ity/State/Zip/Phone #) |        |  |
| PICK-UP                | WAIT                   | MAIL   |  |
| (E                     | Business Entity Name)  |        |  |
| (Document Number)      |                        |        |  |
| Certified Copies       | Certificates of        | Status |  |
| Special Instructions t | o Filing Officer:      |        |  |
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## TRANSMITTAL LETTER

| SUBJECT: WHISPERING HEARTS DOGRESCUE INC<br>(Name of Corporation)  DOCUMENT NUMBER: N1500009304 |
|---|
| DOCUMENT NUMBER: N1500009304  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:                       |
| CHERYL MORRIS (Name of Person)  |
| (Name of Person)  |
| (Name of Person)  WHISPERING HEARTS DOG RESCUE INC  (Name of Firm/Company)                      |
| 11005 ROCKRIDGE ROAD (Address)  |
| LAKELAND FL 33809 (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                    |
| CHERYL MORRIS at (863) 398 8295 (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

TO:

Amendment Section Division of Corporations

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, MRS. CHERYL L. MORRIS, hereby resign as VICE PRESIDENT (V   | P |
|--|---|
| of WHISPERING HEARTS DOG RESCUE INC., (Name of Corporation)  |   |
| N 150000 9304, a corporation organized under the laws of the State of (Document Number, if known)                              |   |
| FLORIDA.   |   |
| My Change of resigning officer/director)  (Signapure of resigning officer/director)  (Signapure of resigning officer/director) |   |

Make checks payable to Florida Department of State and mail to:

**FILING FEE IS \$35.00** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314