N15000000394

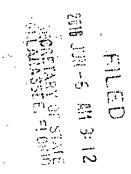
(F	Requestor's Name)			
(<i>F</i>	Address)			
	Address)			
(0	City/State/Zip/Phone	· #}		
PICK-UP	MAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Golden Paw Onimal Rescue Name of Corporation) DOCUMENT NUMBER: N1000010394
DOCUMENT NUMBER: N/0000/0394
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicole L Lawrence (Name of Person)
(Name of Firm/Company)
16873 Pierre Circle
Delany Booch FL 33446 (City/State and Zip Code)
For further information concerning this matter, please call: 172-0057
(Name of Person) (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

1, Cindy Wallace	, hereby resign as	President
of Golden PAW an	enal Rescuse In	1C·
(Document Number, if known)	, a corporation organized under the l	aws of the State of
FLORIDA		\$5 14
1- 7	a	
(Qual	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