## N18 00000 5351

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;





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COMPORATIONS

010 Resignation

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## TRANSMITTAL LETTER

SUBJECT: Bella's Promise Pet Rescue Inc (Name of Corporation)  DOCUMENT NUMBER: N18000005351		
The enclosed Officer/Director Resignation for a Corp	•	
Please return all correspondence concerning this mat	ter to the following:	
Amanda Martin		
(Name of Person)		
(Name of Firm/Company)	<del></del>	
10794 57th Place South		
(Address)		
Lake Worth, FL 33449	,	
(City/State and Zip Code)	هــــــــــــــــــــــــــــــــــــ	
For further information concerning this matter, pleas	e call:	
Amanda Martin	61 685-7764 Square Telephone Number)	
(Name of Person) (A	rea Code & Daytime Telephone Number)	

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı. Amanda Martin	, hereby resign as Director and any other
of Bella's Promise Per	t Rescue Inc
N1800005351 (Document Number, if known)	, a corporation organized under the laws of the State of
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