N22000012404

(Red	uestor's Name)	
(Add	iress)	
(Add	ress)	
(City	/State/Zip/Phone #	()
PICK-UP	MAIT WAIT	MAIL
(Bus	iness Entity Name)
(Doc	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to F	iling Officer:	





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
ST. Clare Sanctuary for Small Anin SUBJECT:	nals	
SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: N22000012404		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.	
Please return all correspondence concernir	ng this matter to the following:	
Tom Soldier	•	
(Name of Person)		
ST. Clare Sanctuary for Small Animals, Inc.	·	
(Name of Firm/Company))	
14889 Tangelo Blvd		
(Address)	.	
West Palm Beach, FL 33412		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Tom Soldier	561 271-1102 at ()	
(Name of Person)	at () 271-1102 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payal	ole to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N.: Monroe Street, Suite 810	

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Kathleen M Scaman	, hereby re	Co-Treasurer	Co-Treasurer .	
,	, norcey re	(°	Title)	
St. Clare Sanctuary for Small Ar	(Name of Corporation)	·	· · · · · · · · · · · · · · · · · · ·	
	(Name of Corporation)	· '		
N22000012404 (Document Number, if know	a corporation organ	nized under the laws of th	ie 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