N240000015010

(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: J. HORNE APR 17 2024
APR 17 2024

Office Use Only



600426516736

03/26/24--01032--010 ++35.00



TRANSMITTAL LETTER



TO: Amendment Section Division of Corporations

Swampland Husky Rescue SUBJECT:				
(Name of Corporation)				
DOCUMENT NUMBER: N24000001506				
The enclosed Officer/Director Resignation	n for a Corpora	ation and fee are submitted for fi	ling	
Please return all correspondence concerni	ing this matter t	to the following:		
Kim Gall				
(Name of Person)		·····		
Swampland Husky Rescue				
(Name of Firm/Company	y)			
705 San Mateo Ct				
(Address)				
St. Augustine, FL 32095				
(City/State and Zip Code	:)			
For further information concerning this m	natter, please ca	all:		
Kim Gall	612 at (209-1299		
(Name of Person)		Code & Daytime Telephone Number	er)	

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 2024 HAR 25 pm

Kim Gall	COF	1 11.21
I,	, hereby resign as	
		(Title)
Swampland Husky Rescue		
	(Name of Corporation)	
N24000001506	, a corporation organized under the law	rs of the State of
(Document Number, if known)		
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