N51448

(Re	equestor'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:				

Office Use Only



000242310860

12/03/12--01036--002 **35.00

SECRE LARY OF SINICH BIVISION OF CORPORATION

0) 2/4/12

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: HUMANE Society of Filchpist County, INC. (Name of Corporation) DOCUMENT NUMBER: EIN 59-8058427 15148
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lucille Rese (Name of Person)
(Name of Firm/Company)
1365) NW 86 AVe. (Address)
Chiefland FL 32626 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352) 493 - 4857 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	Lucille Rese	, hereby resign as	DIVECTOR
of_	Numarie Society (Name of C EIN # 59-3058427 (Document Number, if known) FLOT	Corporation) LUS LU 8 a corporation organized under RIDA	$\frac{1}{2}$ $\frac{1}$

(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