(Requestor's Name) (Address)	1920 000023410630
(City/State/Zip/Phone #)	09/30/0301043005 **175.00
(Business Entity Name) (Document Number) Certified CopiesCertificates of Status Special Instructions to Filing Officer:	US SEP 30 PH 3: 24 SECRETASSE FLOHIDA
Office Use Only	Res
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٤	TRANSMI	ITTAL LI	ETTER			· _
TO: Amendment Section Division of Corporati	ions					.
SUBJECT: The Dog Sha	ck inc					
	(Name	of Corporatio	on)			
DOCUMENT NUMBER:	P02000099207		·	· ·		· · · · · · · · · · · ·
The enclosed Officer/Directo		prporation ar	nd fee are subm	itted for f	iling.	-
Please return all corresponde	ence concerning this m	atter to the f	ollowing:			-
Barry Collins						
(Name	of Person)			• .		
The Dog Shack inc						
(Name of I	Firm/Company)				<u>.</u>	
2245 Cr 210w						
(Ac	ddress)			, an ,		• • • • F. FN2 • [• • • • • • • • • • • • • • • • •
Jacksonville Fl 32259						
(City/State	and Zip Code)					
For further information conc	erning this matter, plea	ase call:				
Barry Collins	at (904) 8	319 9980 Daytime Teleph			
(Name of Pers	ion) (A	Area Code &	Daytime Teleph	ione Num	per)	
Enclosed is a check for \$35.0	00 made payable to the	Florida Dep	partment of Sta	te.		

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

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

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-	ER / DIRECTOR RESIGNATION FOR A CORPORATION		
I, AnnukkaThoren	hereby resign as VP	(Title)	
of() of()	Name of Corporation)	an j . A Sunta and s	
P02000099207 (Document Number, if known)	, a corporation organized under the law	ws of the State of	•
Florida			- <u> </u>

8 8 (Signature of resigning officer/director)

SEP 30 PH 3: 24 SEP 30 PH 3: 24

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