(Re	equestor's Name)	
(Ac	idress)	
· (Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

700076576237
TALLAHASSEE, FLORIDE

07/05/06--01026--005 **35.00

COVER LETTER

Division of Corporations
SUBJECT: PET STORES OF South Florida, INC. (Name of Corporation) DOCUMENT NUMBER: 10600045813
DOCUMENT NUMBER: 10600043013
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MoHAMED A // MM (Name of Person)
(Name of Firm/Company)
191 W Royal Cove Cir.
Office FL. 33325 (City/State and Zip Code)
For further information concerning this matter, please call:
Mod E Escapar at (954) 474-5425 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 06 JUL -5 PM 2: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, Mustafa Saleh	hereby resign as President (Title)
of Pet Stores or	f South Florida, Fuc,
P 06000 45F13 (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