PORWOSK99

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(D
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
· · · · · · · · · · · · · · · · · · ·

Office Use Only

\$1.8, P



600180181396

05/13/10--01031--012 **35.00



2010 MAY 13 PM 3: 41

2010 MAY 13 DM 2

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Aladell anive Care, Inc (Name of Corporation) DOCUMENT NUMBER: P0900005499
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MRS, Gina Brashear (Name of Person)
Affordable Animal Care, Inc.
P.O. Box 50549 (Address)
Ft, MyCrS, F1, 33994 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Name of Person) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Tonya Whidde hereby resign as P Vile Busided
of Alordable Aurial Care, alle.
(Name of Corporation) Pogoto 5499, a corporation organized under the laws of the State of (Document Number, if known)
Florida.
(Signature of resigning officer/director) Jack 5 6 70
FILING FEE IS \$35.00 Make checks payable to Florida Department of State and mail to:
Make checks payable to Florida Department of State and mail to:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314