## P10000014019

| (Re                     | questor's Name)              |                 |
|-------------------------|------------------------------|-----------------|
| (Ad                     | dress)                       | -               |
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| (Cit                    | y/State/Zip/Phone            | <del>=</del> #) |
| PICK-UP                 | ☐ WAIT                       | MAIL            |
| (Bu                     | siness Entity Nan            | ne)             |
| , (Do                   | cument Number)               |                 |
| Certified Copies        | Certificates                 | of Status       |
| Special Instructions to | Filing Officer:<br>CC<br>43. | 75              |
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Office Use Only



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'JAN &4'2017 ← LE**WIS** 



January 3, 2017

ANN LINDHOLM 2265 WINBEC RD CHIPLEY, FL 32428 US

SUBJECT: DESCANSA ANIMAL CARE ENTERPRISES INC.

Ref. Number: P10000014019

We have received your document for DESCANSA ANIMAL CARE ENTERPRISES INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 317A00000053

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ON STATE PROPERTY OF STATE PROPERTY

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Descausa Animal Care Enterprises Inc (Name of Corporation)  |
|--|
| DOCUMENT NUMBER: P10000014019  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| (Name of Person)   |
| Descause Animal Care Enterprises luc<br>(Name of Firm/Company)   |
| 2265 Winbec Rd<br>(Address)  |
| Chipley FL 32428 (City/State and Zip Code)   |
| For further information concerning this matter, please call:   |
| Ann Lindholm at (850) 415-1715  (Name of Person) (Area Code & Daytime Telephone Number)  |
| 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  2661 Executive Center Circle  Tallahassee FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SLEWETARY OF STATE OF STATE OF CORPORATE OF

I, ANN LINDHOLM , hereby resign as VICE PRESIDENT (Title)

of DESCANSA ANIMAL CARE ENTERPRISES INC (Name of Corporation)

(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