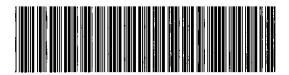
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

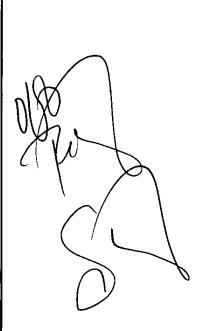
Office Use Only

Mend



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11/12/10--01028--018 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Teacher's Pet and	More
	(Name of Corporation)
DOCUMENT NUMBER: TP	E101
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
Lorraine M Walter	
(Name of Pe	rson)
Teacher's Pet and More	
(Name of Firm/C	Company)
6645 South US HWY #1	
(Address)
Port Saint Lucie, Florida 3495	2
(City/State and Z	Cip Code)
For further information concerning	g this matter, please call:
Lorraine M Walter	at (772) 466-3633 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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,	Henry Scott Walter	, hereby resign as_	Secretary		
		• • • • • • • • • • • • • • • • • • • •	(Title)		
of	Teacher's Pet And m	TURE, THE.			
_	(Name of Corporation)				
	, a corporation organized under the laws of the State of (Document Number, if known)				
FI	orida	•			

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