

N17000003208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

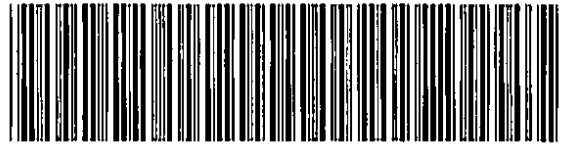
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

R WHITE

FEB 22 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Scars of the Past, Inc.**
(Name of Corporation)

DOCUMENT NUMBER: **N17000003208**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miriam Herrera

(Name of Person)

(Name of Firm/Company)

951 S. Ferdon Blvd.

(Address)

Crestview, FL 32536

(City/State and Zip Code)

For further information concerning this matter, please call:

Patti Adams

(Name of Person)

at (**281**) **881-7253**

(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 32301

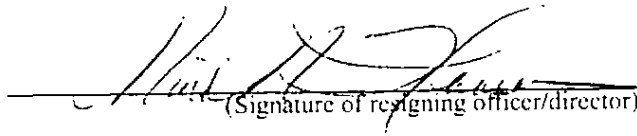
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Miriam Herrera, hereby resign as Audit Committee
(Title)

of Scars of the Past, Inc.
(Name of Corporation)

N17000003208, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

SECRET
TALLAHASSEE, FL

2019 FEB 19 PM 2:31

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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