K30685

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400309298774

02/22/18--01006--016 **35.00

S TALLENT FEB 23 2018

18 FEB 22 AH 10: 35

M Resign

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. SCOTT L. PHILPOT, INC.

(Name of Corporation)

DOCUMENT NUMBER: K30685

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

Please return all correspondence concerning this matter to the following:

JEREMY HOWE

(Name of Person)

N/A

(Name of Firm/Company)

1027 WHISPERING COVE

(Address)

CASSELBERRY, FL 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

JEREMY HOWE

...407

666-4775

(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 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JEREMY HO	NE, hereby resign as IREASURER (Title)
SCOTTI DL	, ,
of SCOTT L. Ph	(Name of Corporation)
K30685 (Document Number, if know	. 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