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(Re	equestor's Name)	
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(Ad	ldress)	
(City/State/Zip/Phone #)		
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SRSC inc. (Name of Corporation)	agent in the second
DOCUMENT NUMBER: 600004433056-5	_
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Edward Scott Scollon	
(Name of Person)	
SRSCInc.	
(Name of Firm/Company)	- .
1010 N 69y i Way	
(Address)	- *** -
Hollywood, Florida 33024	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Edward Scott Scollon at (1954) 818-9798	
(Name of Person) at (1954) 818-9798 (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 409 E. Gaines Street Tallahassee, FL 32399	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L Edward Scott Scollon	, hereby resign as Officer	
	(Title)	
of_SRSCInc.		
(Name of	Corporation)	
6000044330565	a corporation organized under the laws of the State of	
(Document Number, if known)	, ,	
Florida		
	ZE P	
	SECRETAL SECRETAL	
Edward Sc. (Sign	notema of nacionino officialistinastoni	
	FLORIE CONTROL OF THE STATE OF	

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 Tallahassec, Florida 32314