

PO3000047741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

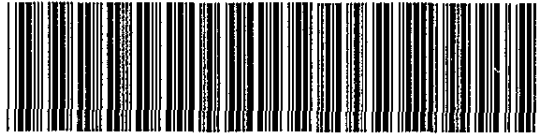
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SCORPIOUS GROUP OF FLORIDA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000047741

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

Please return all correspondence concerning this matter to the following:

STEFANIE HENRIQUEZ  
(Name of Person)

SCORPIOUS GROUP OF FL, INC.  
(Name of Firm/Company)

15064 SW. 19 ST.  
(Address)

MIRAMAR, FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stefanie Henriquez at (954) 559-4192 (754) 422-5545  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

04 NOV 24 AM 10:22

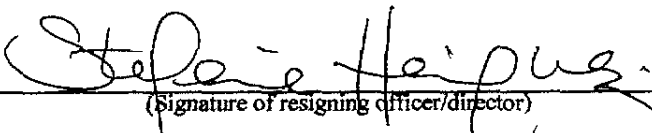
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, STEFANIE HENRIQUEZ, hereby resign as TREASURER.  
(Title)

of SCORPIOUS GROUP OF FLORIDA, INC..  
(Name of Corporation)

P03000047741, a corporation organized under the laws of the State of  
(Document Number, if known)

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