

P06000039985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

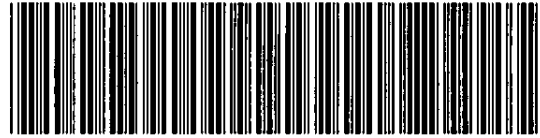
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TALLAHASSEE, FLORIDA

2009 NOV -9 AM 8:52

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off. Resign.

TB

NOV 13 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCFG, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000039985

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

Please return all correspondence concerning this matter to the following:

WILLIAM PLANES II

(Name of Person)

(Name of Firm/Company)

38201 US HWY 19 N

(Address)

PALM HARBOR, FL 34684

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM PLANES II

(Name of Person)

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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**

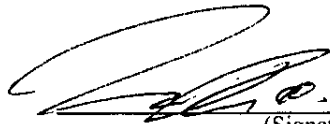
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, WILLIAM PLANES II, hereby resign as DT
(Title)

of SCFG, INC.
(Name of Corporation)

P06000039985, 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