

PO8 000002272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

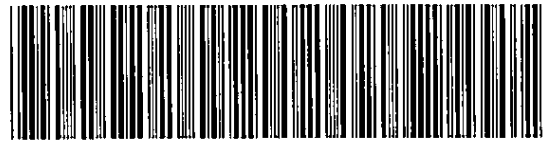
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500334752325

09/27/19--01017--026 **\$5.00

2019 09 27 PM 12:19

OD/RES

ALBERTON
10/13/2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SECURITY PROVIDERS OF FLORIDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000002272

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

Please return all correspondence concerning this matter to the following:

THEODORE SCINSKI

(Name of Person)

SECURITY PROVIDERS OF FLORIDA

(Name of Firm/Company)

9990 PINEAPPLE TREE DR

(Address)

BOYNTON BEACH, FL 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

LYNN M SMITH

(Name of Person)

at (**561**) **819-9932**

(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

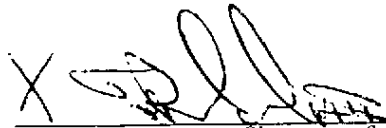
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, THEODORE SCINSKI, hereby resign as VICE PRESIDENT
(Title)

of SECURITY PROVIDERS OF FLORIDA, INC.
(Name of Corporation)

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

P08000002272


(Signature of resigning officer/director)

2015 P112:19

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