

Proposed 1313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

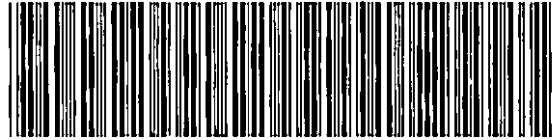
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUN 28 AM 10:24

STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

OLD RES.

R. WHITE

JUL 02 2018

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Damico & Thomas Investigative Group, Inc
(Name of Corporation)

DOCUMENT NUMBER: P08000063713

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

Please return all correspondence concerning this matter to the following:

Richard Damico

(Name of Person)

Damico & Thomas Investigative Group, Inc.

(Name of Firm/Company)

1720 Avant St

(Address)

Valrico, FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Damico at (**813**) **843-4031**

(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, Darlene Scully, hereby resign as D
(Title)

of Damico & Thomas Investigative Group, Inc.
(Name of Corporation)

P08000063713, 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

18 JUN 28 AM 10:24
STATE OF FLORIDA

FILED



Florida Department of Agriculture and Consumer Services
Division of Licensing

**TERMINATION/COMPLETION OF SPONSORSHIP
FOR PRIVATE INVESTIGATOR INTERN**

Chapter 493, Florida Statutes

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691

Internet Address: <http://mylicensesite.com>

ADAM H. PUTNAM
COMMISSIONER

This form must be completed by the primary or alternate sponsor within 15 days of the termination/completion of sponsorship.

NAME OF INTERN <u>RICHARD L. Damico</u>		CLASS CC LICENSE NUMBER <u>CC1600424</u>	BUSINESS PHONE NUMBER <u>(813) 843-4031</u>
NAME OF PRIVATE INVESTIGATIVE AGENCY/EMPLOYER <u>DAMICO + DAMICO INVESTIGATIVE GROUP, INC.</u>		BUSINESS PHONE NUMBER <u>(813) 843-4031</u>	
AGENCY OR BRANCH STREET ADDRESS <u>1720 AVANT ST.</u>		CITY, STATE, ZIP <u>VALRICO, FL 33594</u>	
AGENCY OR BRANCH LICENSE NUMBER <u>A1500036</u>		LICENSE EXPIRATION DATE <u>03/24/2021</u>	
PRIMARY OR ALTERNATE SPONSOR'S NAME <u>DARLENE Scully</u>		SELECT ONE: <input checked="" type="radio"/> PRIMARY SPONSOR <input type="radio"/> ALTERNATE SPONSOR	
PRIMARY OR ALTERNATE SPONSOR'S LICENSE NUMBER <u>C27AD628</u>		LICENSE EXPIRATION DATE <u>NOV. 8, 2019</u>	

DATES OF SPONSORSHIP
FROM: 01, 19, 2017 TO: 6, 19, 18
MONTH DAY YEAR MONTH DAY YEAR

Internship time is computed on a full-time, 40-hour workweek basis. The intern must serve a minimum internship period of two years (unless experience was previously verified by the Division of Licensing when the intern license was approved). Any overtime hours worked beyond the 40-hour workweek cannot be used to reduce the two-year requirement. If more than two years were needed to complete the internship period, provide an explanation on a separate sheet of paper.

DESCRIBE IN DETAIL THE DUTIES PERFORMED BY THE INTERN DURING THE INTERNSHIP

Daily operations of PI Agency,
Surveillance operations, Backgrounds + Skip Trace, Social
Media.

Sworn Affidavit: To be Completed by the Primary/Alternate Sponsor

I affirm that I am the primary/alternate sponsor named above.

I hereby attest that the intern worked under my direction and control during the dates specified above and learned the investigative skills necessary to perform competently as a private investigator.

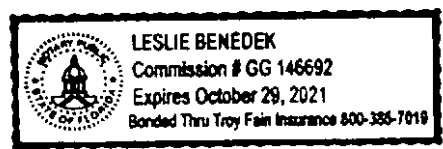
STATE OF FLORIDA Pinellas
COUNTY OF _____

Darlene Scully
Signature of Primary or Alternate Sponsor

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 21st day of June, 2018, by:

Darlene Scully
Print Name of Primary or Alternate Sponsor

Leslie Benedek
NOTARY SIGNATURE



Leslie Benedek
PRINT, TYPE, OR STAMP NAME OF NOTARY

Personally Known Produced Identification Type of Identification Produced N/A