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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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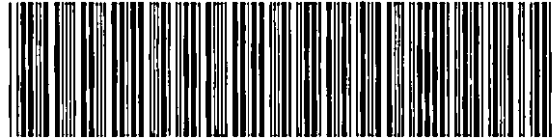
(Business Entity Name)

(Document Number)

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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**

(Name of Person)

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

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

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

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FILED



Florida Department of Agriculture and Consumer Services  
Division of Licensing

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

Chapter 493, Florida Statutes

ADAM H. PUTNAM  
COMMISSIONER

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691  
Internet Address: <http://mylicensesite.com>

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

|  |  |   |
|--|--|---|
| NAME OF INTERN<br><b>RICHARD L. Damico</b>   | CLASS CC LICENSE NUMBER<br><b>CC 1600424</b> | BUSINESS PHONE NUMBER<br><b>(813) 843-4031</b>  |
| NAME OF PRIVATE INVESTIGATIVE AGENCY/EMPLOYER<br><b>DAMICO + DAMICO INVESTIGATIVE GROUP, INC.</b>  |  | BUSINESS PHONE NUMBER<br><b>(813) 843-4031</b>  |
| AGENCY OR BRANCH STREET ADDRESS<br><b>1720 AVANT ST.</b>   |  | CITY, STATE, ZIP<br><b>VALRICO, FL 33594</b>  |
| AGENCY OR BRANCH LICENSE NUMBER<br><b>A1500036</b>   | LICENSE EXPIRATION DATE<br><b>03/24/2021</b> |   |
| PRIMARY OR ALTERNATE SPONSOR'S NAME<br><b>DARLENE Scully</b>   |  | SELECT ONE: <input checked="" type="radio"/> PRIMARY SPONSOR<br><input type="radio"/> ALTERNATE SPONSOR |
| PRIMARY OR ALTERNATE SPONSOR'S LICENSE NUMBER<br><b>C27AD628</b>   |  | LICENSE EXPIRATION DATE<br><b>NOV. 8, 2019</b>  |
| DATES OF SPONSORSHIP<br>FROM: <b>01, 19, 2017</b> TO: <b>6, 19, 18</b><br><small>MONTH DAY YEAR MONTH DAY YEAR</small>   |  |   |
| <small>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.</small> |  |   |

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

**Daily OPERATIONS of PI Agency,  
SURVEILLANCE OPERATIONS, BACKGROUNDS + SKIPTRACE, 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.

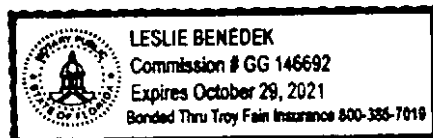
STATE OF FLORIDA Pinellas  
COUNTY OF Pinellas

Darlene Scully  
Signature of Primary or Alternate Sponsor

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> 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