P090005/588

(Red	uestor's Name)	
(Address)		
(Add	ress)	
(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



700316013327

07/24/18--01016--005 **35.00

HILED

18 JUL 24 PH 2: 34

SECHOLOGICAL OF STAIL
FALLAHASSEE FI ORIDA

JUL 2 7 2018 S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SPEECH ON THE SPOT AND ASSOCIATES, LLC (Name of Corporation)
(mar or or position)
DOCUMENT NUMBER: P09000051588
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
ALEXANDRA SAAVEDRA
(Name of Person)
(Name of Firm/Company)
6447 MIAMI LAKES DRIVE EAST STE 105
(Address)
MIAMI LAKES, FL 33014
(City/State and Zip Code)
For further information concerning this matter, please call:
ALEXANDRA SAAVEDRA at (786) 365-4834 (Area Code & Daytime Telephone Number
(Name of Person) (Area Code & Daytine Telephone Number
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment Section
Division of Corporations P.O. Box 6327 Division of Corporations 2661 Executive Center Circle
Tallahassee, FL 32314 Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LALEXANDRA SAAVEDRA	nereby resign as PRESIDENT
	(Title)
SPEECH ON THE SPOT	
(Name of Corporation) P0900051588 (Document Number, if known)	on organized under the laws of the State of
FLORIDA	
— (Signature of resi	gning 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