

P13000034289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **SCOTT ANGELO INC**  
(Name of Corporation)

**DOCUMENT NUMBER:** **P13000034289**

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

Please return all correspondence concerning this matter to the following:

**BENJAMIN E ERNST**

(Name of Person)

(Name of Firm/Company)

**1922 N. MERRICK DRIVE**

(Address)

**DELTONA, FL 32738**

(City/State and Zip Code)

For further information concerning this matter, please call:

**BENJAMIN ERNST**

(Name of Person)

at **(386) 479-0372**

(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, BENJAMIN E ERNST, hereby resign as VICE PRESIDENT  
(Title)

of SCOTT ANGELO INC,  
(Name of Corporation)

P13000034289, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

\_\_\_\_\_  
(Signature of resigning officer/director)

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**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