

PI6000093091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pro Scares Lawn Care Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000093091

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

Please return all correspondence concerning this matter to the following:

Justin Squires  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

8010 Cypress Crossing CT  
(Address)

Tampa, FL 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

Justin Squires at (813) 760-1686  
(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, Justin T. Squires, hereby resign as V.P.  
(Title)

of ProScops Lawn Care,  
(Name of Corporation)

P16000093091, a corporation organized under the laws of the State of  
(Document Number, if known)

Justin T. Squires  
(Signature of resigning officer/director)

**FILED**  
**SEP 29 AM 9:58**  
**TALLAHASSEE, FL 32314**

**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