

P17000056472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OLD Resign

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Educational Event Planners, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Angelique Scobaria  
(Name of Person)

President of Educational Event Planners, Inc  
(Name of Firm/Company)

2049 SW Olympic Club Terr  
(Address)

Palm City, FL 34990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angelique Scobaria at (717) 979-2646  
(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, Angelique Scoboria, hereby resign as Co-President  
(Title)  
of Educational Event Planners, Inc.  
(Name of Corporation)  
P17000056472, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Angelique Scoboria  
(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