

P18000034186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

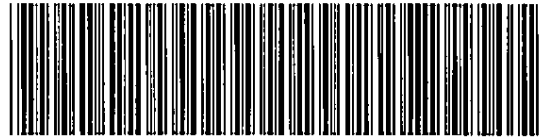
(Business Entity Name)

(Document Number)

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OCT 22 2018

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sculnick Essentials, ~~Corp~~
(Name of Corporation)

DOCUMENT NUMBER: P180000034186

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

Please return all correspondence concerning this matter to the following:

Amber Sculnick
(Name of Person)

Sculnick Essentials Corp
(Name of Firm/Company)

2049 SW Capeador St.
(Address)

Port St Lucie, FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

Amber Sculnick at (772) 708 4740
(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

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RECEIVED
FIDELITY & SECURITY
CORPORATION

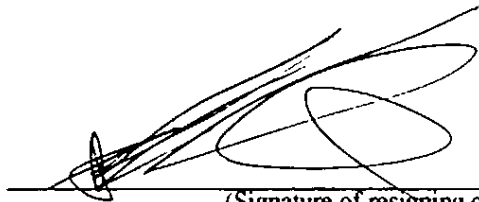
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Adam Schnick, hereby resign as President/Registered Agent
(Title)

of Schnick Essentials Corp
(Name of Corporation)

P18000034186, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

2018 OCT 22 AM 11:20

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