

P99000057439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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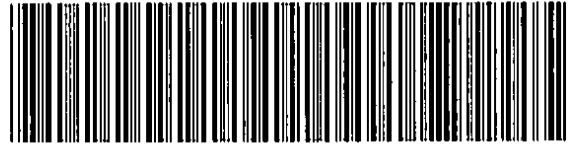
(Business Entity Name)

(Document Number)

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2023 APR 13 AM 8:25  
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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Scott D Hawkins Inc  
(Name of Corporation)

DOCUMENT NUMBER: P99 0000 57439

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

Please return all correspondence concerning this matter to the following:

Scott D. Hawkins  
(Name of Person)

Scott D. Hawkins Inc  
(Name of Firm/Company)

3216 Medici Blvd  
(Address)

New Smyrna Beach, FL 32168  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Hawkins at ( 386 ) 547-3264  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jennie M Hawkins, hereby resign as Secretary/Treasurer  
(Title)

of Scott D. Hawkins Inc  
(Name of Corporation)

P99000057439, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Jeni Moore Hawks  
(Signature of resigning officer/director)

2023 APR 13 AM 8:25  
STATE

**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