G51037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

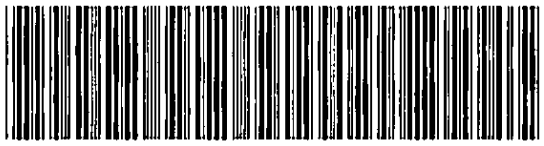
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/15/21

Office Use Only



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10/18/21--01015--007 **35.00

2021 NOV 15 AM 8:30

FILED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2021

EVARISTA OLIVA
1761 NW 7 ST
MIAMI, FL 33125

SUBJECT: SUPERIOR INSURANCE AGENCY, INC.
Ref. Number: G51037

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you are wanting to file an Amendment and an Office/Director Resignation, each form will need to be filed separately. The fee to file an Amendment is $35.00. The fee to file Office/Director Resignation is $35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 621A00026253

Rec.
11/15/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Superior Insurance Agency, Inc
(Name of Corporation)

DOCUMENT NUMBER: G51037

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

Please return all correspondence concerning this matter to the following:

Mayra Bazan
(Name of Person)

Superior Insurance Agency, Inc
(Name of Firm/Company)

1761 NW 7th St
(Address)

Miami, FL 33125
(City/State and Zip Code)

For further information concerning this matter, please call:

Mayra Bazan (Name of Person) at (305) 541-9322 (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

FILED
2021 NOV 15 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ricardo Bazan, hereby resign as VP (Title)

of Superior Insurance Agency, Inc (Name of Corporation)

G51037 (Document Number, if known), a corporation organized under the laws of the State of Florida.

(Signature of resigning officer/director)

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