

L10000058298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

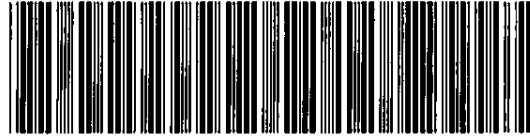
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300187430363

10/25/10
E. DENNARD
AK

Malave, Erin

From: Diego Soto [businessacctprof@gmail.com]
Sent: Thursday, October 21, 2010 8:20 AM
To: CorpAddressChange
Subject: L10000058298

Please update the address for:

FLORIDA PROPERTY AND CASUALTY INSURANCE, LLC, document # L10000058298

As follows:

3655 NW 107 AVENUE
Suite 107
Doral fl 33178

Regards,

Yolanda Torres
Member