

PO70000069715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

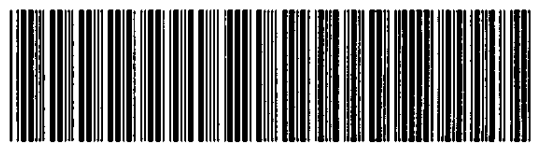
(Business Entity Name)

(Document Number)

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10 OCT 19 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Silvester Insurance Advisors, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000069715

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

Please return all correspondence concerning this matter to the following:

Michelle Silvester
(Name of Person)

Silvester Insurance Advisors
(Name of Firm/Company)

*** Great Florida Insurance ***
Silvester Insurance Advisors
5070 PGA Blvd Ste 200
Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Silvester at (561) 202-6186
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

**10 OCT 19 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Michael Vincent Silvester, hereby resign as V. P.
(Title)

of Silvester Insurance Advisors, Inc.
(Name of Corporation)

P07000069715, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Michael Silvester (MICHAEL SILVESTER)
(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