

H82744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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000186724850

*Resignation
of officer*

10/25/10--01040--001 **35.00

2010 OCT 25 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DR
10/27/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: First United Methodist Church of
South Miami.

DOCUMENT NUMBER: 744109

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Perez
(Name of Contact Person)

(Firm/ Company)

6565 Red Road.
(Address)

Coral Gables FL, 33143.
(City/ State and Zip Code)

Sperezfunca@bell south.net.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Perez at (305) 667-7508.
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Torrens Insurance, Inc
(Name of Corporation)

DOCUMENT NUMBER: H82744

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

Please return all correspondence concerning this matter to the following:

Raul A. Torrens

(Name of Person)

Torrens Insurance, Inc

(Name of Firm/Company)

3905 SW 110 Avenue

(Address)

Miami, FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

Raul A. Torrens

(Name of Person)

at (305) 553-4087

(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

2010 OCT 25 AM 8:59

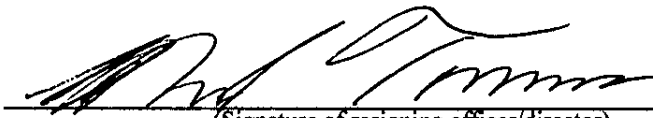
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Ricardo Torrens, hereby resign as Treasurer
(Title)

of Torrens Insurance, Inc.
(Name of Corporation)

H82744, a corporation organized under the laws of the State of
(Document Number, if known)

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