

L23149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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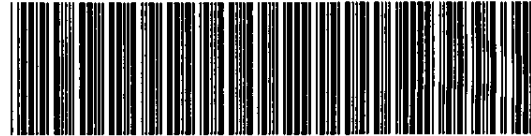
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: SILVA INSURANCE AGENCY
(Name of Corporation)

DOCUMENT NUMBER: 65-0155609

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

BERTA MORAITIS

(Name of Person)

SILVA INSURANCE AGENCY

(Name of Firm/Company)

666 NE 128 St.

(Address)

NORTH MIAMI, FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY G. MORAITIS JR

(Name of Person)

at (305) 893-9706

(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**

I, BERTA MORATIS, hereby resign as VICE PRESIDENT
(Title)

of SILVA INSURANCE AGENCY
(Name of Corporation)

65-0155609, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Berta Moratis
(Signature of resigning officer/director)

6/13
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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