

# M06980

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

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C. GOLDEN

AUG 30 2017

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ramallo Assurance Inc

Name of Corporation

**DOCUMENT NUMBER:** M06980

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Ramallo

Name of Contact Person

Ramallo Assurance Inc

Firm/Company

12955 SW 42 St #8

Address

Miami Florida 33175

City/State and Zip Code

jorge@ramalloassurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Ramallo

Name of Contact Person

at ( 305 ) 207-1332

Area Code & Daytime Telephone Number

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

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2017

JORGE RAMALLO  
12955 SW 42 STREET #8  
MIAMI, FL 33175

SUBJECT: RAMALLO ASSURANCE INC.  
Ref. Number: M06980

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):

The registered agent must sign accepting the designation.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 317A00016063

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17 AUG 28 PM 4:37  
BUREAU OF COMMERCIAL  
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