

M62413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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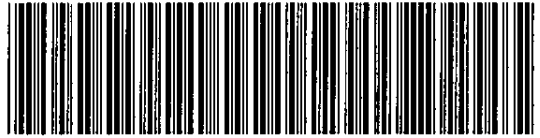
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TALLAHASSEE, FLORIDA

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MAR 26 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DUARTE INSURANCE AGENCY, INC
(Name of Corporation)

DOCUMENT NUMBER: M62413

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:

LOURDES CARIDAD REYES
(Name of Contact Person)

DUARTE INSURANCE AGENCY, INC
(Firm/Company)

1550 WEST 84TH STREET #77
(Address)

HIALEAH, FLORIDA 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

LOURDES CARIDAD REYES at (305) 557-2399
(Name of Contact Person) (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

CR2E045 (8/05)