

DOCUMENT #

KICC TDI 107-110



MOORE CR2E037 (11/03)

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT DELVALLE, CARLOS 154 SEBRING DRIVE TAVERNIER FL 33070 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPT DELVALLE, SUSAN 154 SEBRING DRIVE TAVERNIER FL 33070 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST SCIANIMANICO, SHARON 812.NARRAGANSETT.LANE KEY LARGO FL 33037 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DD KING, ANJANETTE 137 CALOOSA STREET 40 High Point Rd. TAVERNIER FL 33070 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

[illegible]

SIGNATURE: Carlos A. Del Valle CARLOS A. DEL VALLE

Date _____

Daytime Phone #