Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000096563 3)))



H190000965633ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : 120020000100 Phone : (305)944-9755 : (888)401-1914 Fax Number

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT RESIGNATION REO ACQUISITIONS OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

K SALY MAR 25 2019

(((1119000096563 3)))

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: REO ACQUISITIONS OF FLORIDA, INC. (Name of Corporation)
DOCUMENT NUMBER: P02000115310
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEL CIFUENTES
(Name of Person)
SILVAS ENTERPRISE INC
(Name of Firm/Company)
5220 S UNIVERSITY DRIVE SUITE C102
(Address)
DAVIE FL 33328
(City State and Zip Code)
For further information concerning this matter, please call:
DANIEL CIFUENTES (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

1-888-401-1914 From: Silvas Financial Services, LLC

19 MAR 22 AH 3: 17

ALLAMASSEE FLORIF

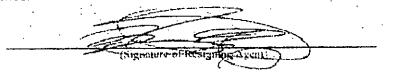
 $(((H19000096563\ 3)))$

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, SI	LVA'S ENTERPRISE, INC.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	, REO ACQUISITIONS OF FLORIDA, INC.
Thereby rearging as wegintered rigent to	(Name of Corporation)
P02000115310	
(Document Number, if known)	

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



If signing on behalf of an entity:

ILENE WEITZ	
(Typed or Printed Name)	
PRESIDENT	
(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarity dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Taliahassee, FL 32344