## P04000114018

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



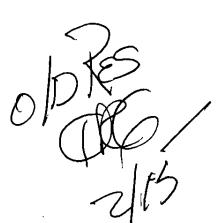
100163730441

02/03/10--01014--019 \*\*60.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

CRETARY OF STA





## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Viera Insurance & Financi	al Services, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P0400011	4018
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Patricia Stamm	
(Name of Person)	
Viera Insurance & Financial Services	
(Name of Firm/Company	)
7341 Office Park Place, Suite 201	
(Address)	
Melbourne, FL 32940	
(City/State and Zip Code	
For further information concerning this ma	atter, please call:
Patricia Stamm	at ( 321 ) 751-9203 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Amendment Section Ame Division of Corporations Divi Clifton Building Post	ling Address: endment Section sion of Corporations Office Box 6327 ahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Jerry L. Troger	, hereby resign as	Vice-President	
.,	,,	(Title)	
of Viera Insurance & Financial	Services, Inc.		
(Nan	ne of Corporation)	,	
PO4000114018	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida			

(Signature of resigning officer/director)

OFEBIZ PH 3 ECRETARY OF S LLAHASSEE, FL

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