

PO5000005060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

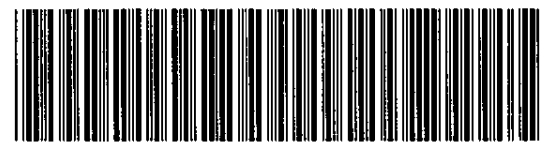
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200240338942

*Resignation
of Officer*

10/05/12--01005--002 **35.00

FILED
2012 OCT -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/8/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summit Wealth Partners, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000005060

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell Levin
(Name of Person)

Summit Wealth Partners, Inc.
(Name of Firm/Company)

5337 Millenia Lakes Blvd
(Address)

Orlando FL 32839
(City/State and Zip Code)

For further information concerning this matter, please call:

Mitchell Levin at (407) 656-2252
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

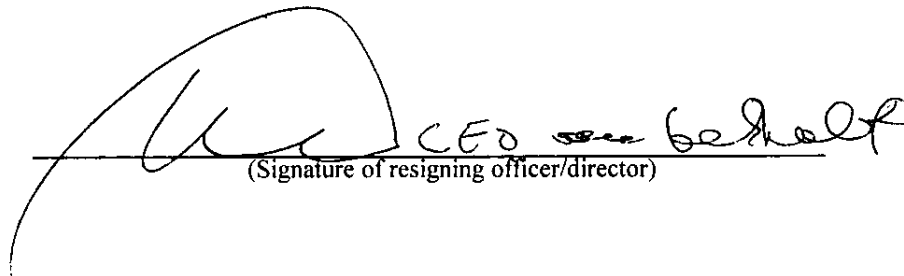
2012 OCT -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Angelo Alleca, hereby resign as P
(Title)

of Summit Wealth Partners, Inc.
(Name of Corporation)

P05000005060, a corporation organized under the laws of the State of
(Document Number, if known)

FL


(Signature of resigning officer/director)

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