

P05000141485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

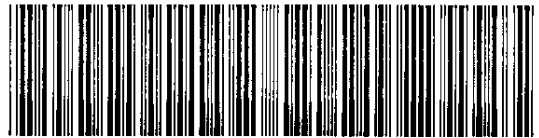
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900146134509

03/19/09--01013--008 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 19 AM 11:44

CD/RES
@ 3/20/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVIO TILE SYSTEM CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P05000141485

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

Please return all correspondence concerning this matter to the following:

SILVIO S. REIS
(Name of Person)

SILVIO TILE SYSTEM CORP.
(Name of Firm/Company)

9306 ALICE LANE
(Address)

RIVERVIEW / FL 133578
(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIO S. REIS at (813) 516 1829 (ANY TIME)
(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**

I, Sandra Rocha, hereby resign as Vice-president
(Title)

of SILVIO TILE SYSTEM CORPORATION,
(Name of Corporation)

P05000141485, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Sandra Rocha
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 19 AM 11:44