

PO6 0000051318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

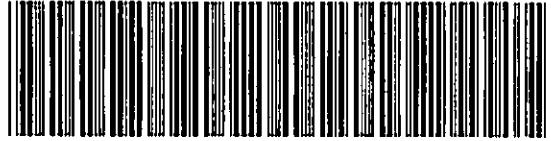
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STATE
TALLAHASSEE, FL

6/11/2022

RECEIVED

TRANSMITTAL LETTER

2022 APR 11 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FL

TO: Amendment Section
Division of Corporations

SUBJECT: COUNTYWIDE PUBLIC ADJUSTERS INC.
(Name of Corporation)

DOCUMENT NUMBER: PO6000051318

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

Please return all correspondence concerning this matter to the following:

RELIADER HEREDIA
(Name of Person)

COUNTYWIDE PUBLIC ADJUSTERS INC.
(Name of Firm/Company)

16161 S.W. 43rd TERRACE
(Address)

MIAMI, FL. 33185
(City/State and Zip Code)

For further information concerning this matter, please call:

RELIADER HEREDIA at (305) 724-8826
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2022

RELIADER HEREDIA
16161 SW 43RD TERRACE
MIAMI, FL 33185

SUBJECT: COUNTYWIDE PUBLIC ADJUSTERS, INC.
Ref. Number: P06000051318

We have received your document for COUNTYWIDE PUBLIC ADJUSTERS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 922A00010624

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARTA YANARA HERZOG, hereby resign as VICE PRESIDENT
(Title)

of COUNTYWIDE PUBLIC ADJUSTERS, INC.
(Name of Corporation)

PO6000051318, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

x [Signature]
(Signature of resigning officer/director)

FILED
2022 JUN -6 AM 9:10
STATE
TALLAHASSEE, 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