

PO6000156458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STATE CAPITAL WEALTH MANAGEMENT, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000156458

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

Please return all correspondence concerning this matter to the following:

Carlos Eduardo Silva

(Name of Person)

(Name of Firm/Company)

21200 Ne 38th Ave apt 804

(Address)

Aventura-FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos E. Silva at (305) 904-0142
(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, Carlos E. Silva, hereby resign as DV
(Title)

of State Capital Wealth Management, Inc
(Name of Corporation)

P06000156458, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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

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