

PO 7000033384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

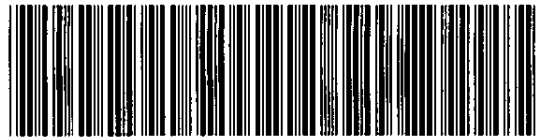
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O/D Resign.

D. CONNELL MAR 01 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dasilva Insurance Agency, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07 0000 33384

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

Please return all correspondence concerning this matter to the following:

LEILA TRONCOSO  
(Name of Person)

DASILVA INSURANCE AGENCY, INC  
(Name of Firm/Company)

442 SW Noble Ave  
(Address)

FSL, FL  
(City/State and Zip Code)

For further information concerning this matter, please call:

LEILA TRONCOSO at (904) 3294312  
(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, LIBER TRONCOSO, hereby resign as VP  
(Title)

of Dasilva Insurance Agency, Inc.  
(Name of Corporation)

P 07 0000 33384, 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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