

PO 8000000880

(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



400148523844

04/06/09--01026--022 **35.00

FILED
09 APR -6 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

②

10/10/09
Pos
4/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEST INSURANCE GROUP OF FLORIDA INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000000880

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

Please return all correspondence concerning this matter to the following:

RAFAEL AVILA
(Name of Person)

BEST INSURANCE GROUP OF FLORIDA INC
(Name of Firm/Company)

3053 NW 82ND AVE
(Address)

MIAMI, FL 33122
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL AVILA at (561) 667-7526
(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, RAFAEL AVILA, hereby resign as PRESIDENT
(Title)

of BEST INSURANCE GROUP OF FLORIDA INC,
(Name of Corporation)

P08000000880, 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

FILED
09 APR -6 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA