## P09000013377

(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:
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Office Use Only



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address thange 03-07-2011 UR - VILL

## Rivera, Maribel

From: Sent:

becky.wilson@greatflorida.com Monday, March 07, 2011 2:28 PM

To: Subject:

CorpAddressChange Location Address Change

Attachments:

bottom.letterhead

RE:

SMYRNA INSURANCE, INC

DOCUMENT NUMBER: P09000013377

EIN: 264232913

I am writing to advise you of a change of address, both Principal Address and Mailing Address, of my business. Effective April 1, 2011 my business will be located and receive mail at:

411 DUNLAWTON AVE PORT ORANGE, FL 32127

Everything else will remain the same.

Thank you for your help with this change.

Respectfully,

Rebecca M Wilson, President

## Becky Wilson, Agent

341 N Ridgewood Ave Edgewater, FL 32132 Office: 386-957-4909

Fax: 386-957-4923

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