

PO9 00000 24196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

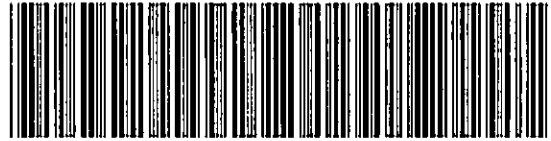
(Business Entity Name)

(Document Number)

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01/20/21 [Signature]

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Serenity Insurance Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: P09000024196

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

Please return all correspondence concerning this matter to the following:

Sheldon Birman
(Name of Person)

Serenity Insurance Services, Inc
(Name of Firm/Company)

4141 NW 88 Avenue
(Address)

Sunrise, FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheldon Birman at (954) 658-4938
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Barbara L. Birman, hereby resign as Vice-President, Secretary & Treasurer
(Title)

of Serenity Insurance Services, Inc.
(Name of Corporation)

P09000024196, 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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