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## TRANSMITTAL LETTER

SUBJECT: SIL ENTER PRISES GROUP INC (Name of Corporation)
(Number of Conformation)
DOCUMENT NUMBER: P11 0000 84669
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SORAYA SOSA (Name of Person)
SIL ENTERPRISES GROUP INC (Name of Firm/Company)
3246 NW 103 COURT (Address)
DORAL FL 33172 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
SORAYA SOSA at (305) 905-2720 (Area Code & Daytime Telephone Number)
(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 2661 Executive Center Circle Tallahassee, PL 32301

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**TO:** Amendment Section Division of Corporations



March 3, 2014

SORAY SOSA SIL ENTERPRISES GROUP INC. 3246 NW 103RD COURT DORAL, FL 33172

SUBJECT: SIL ENTERPRISES GROUP INC.

Ref. Number: P11000084669

We have received your document for SIL ENTERPRISES GROUP INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 514A00004558

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	IRVIN	1 SOSA		, hereby resign as_	VICEPRESIDEN	<u>بر</u>
of	SIL		USES ame of Corpor	GROUP IN	<u>C</u>	<b></b> '
P1	, -	84669 Jumber, if known)	, a corp	poration organized un	der the laws of the State of	
	FLOR	ÞΑ	,			
			(Signature)	of resigning officer/direct	(r)	

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