

P15 000066385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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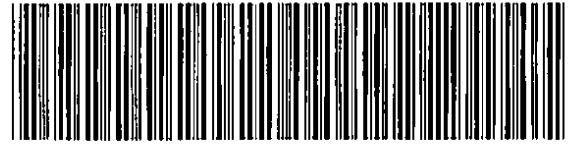
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QUOTEASY INSURANCE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P15000066385

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

NOEL PEREZ

(Name of Person)

QUOTEASY INSURANCE, INC.

(Name of Firm/Company)

6925 LAKE ELLENOR DR SUITE 136

(Address)

ORLANDO, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL PEREZ at (407) 497-6403

(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

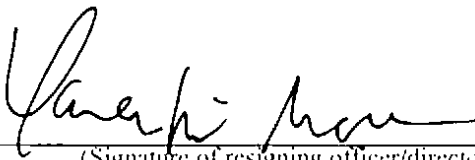
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, YANAYPHIS MORENO, hereby resign as VICE PRESIDENT
(Title)

of QUOTEASY INSURANCE, INC.
(Name of Corporation)

P15000066385, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2023 MAY 30 AM 9:07

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