

PI6000007979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

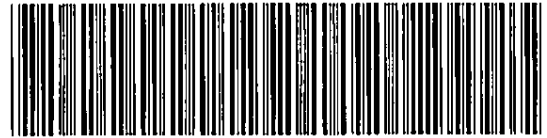
(Business Entity Name)

(Document Number)

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2023 MAR 15 AM 1:07

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GALACTIC FINANCE ADJUSTERS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P16000007979

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

Please return all correspondence concerning this matter to the following:

LARRY J. SARAVIA

(Name of Person)

GALACTIC FINANCE ADJUSTERS, INC.

(Name of Firm/Company)

17528 SOUTH DIXIE HIGHWAY

(Address)

MIAMI, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY J. SARAVIA at (305) 506-5798

(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

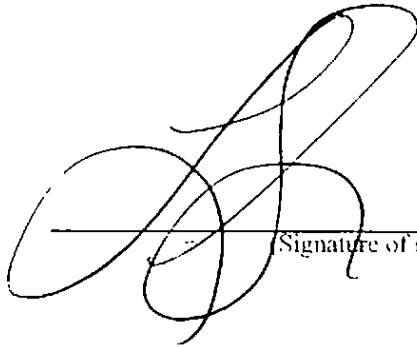
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LARRY J. SARAVIA, hereby resign as PRESIDENT AND REGISTERED AC
AGENT
(Title)

of GALACTIC FINANCE ADJUSTERS, INC.
(Name of Corporation)

P16000007979, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

2023 APR 13 PM 1:01

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