P1600038299

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer	
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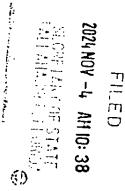
Office Use Only



900433575099

11/04/24--01006--006 **20.00

07/25/24--01005--007 **50.00





August 7, 2024

PATRICK SILVEIRA 180 21 ST SW NAPLES. FL 34117

SUBJECT: #1 STORM PROTECTION INC

Ref. Number: P16000038299

We have received your document for #1 STORM PROTECTION INC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

THE FILING FEE IS 35.00. THERE IS A BALANCE 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) 245-6000.

Letter Number: 024A00017378

Rebekah Lefeavers Regulatory Specialist III

www.sunbiz.org

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: # / Story Protection INC (Name of Corporation)
DOCUMENT NUMBER: P160000 382 99
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Parrick SILutina (Name of Person)
#1 Storm Projection IVC (Name of Firm/Company)
180 21 St SW (Address)
Naplty Fz 34117 (City/State and Zip Code)
For further information concerning this matter, please call:
Patnick Silvoina at (239) 745-9040 (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

1, RENATO CARDOS SILVHIAR UP (Title)
of # 1 Stony Projection Inc. (Name of Corporation)
P160 000 3829, a corporation organized under the laws of the State of (Document Number, if known)
<u> </u>
(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