

P16000038299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2024 NOV -4 AM 10:38
SECURITY OF STATE
HALLMARK BUILDING
COLUMBIA, MO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Rebekah Lefeavers
Regulatory Specialist III

Letter Number: 024A00017378

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: # 1 Storm 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:

Patrick Silveira
(Name of Person)

1 Storm Protection INC
(Name of Firm/Company)

180 21 St SW
(Address)

Naples FL 34117
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick Silveira at (239) 745-9040
(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, RENATO CRISTO SILVESTRE, hereby resign as VP
(Title)

of #1 Storm Protection INC
(Name of Corporation)

P160 00038299, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA