

P180000015552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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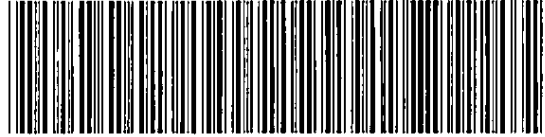
(Business Entity Name)

(Document Number)

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CLERK OF COURT

old Resignation

JAN 10 2024

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOWERS INSURANCE CORP.
(Name of Corporation)

DOCUMENT NUMBER: P18000015552

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

YOHANY GONZALEZ
(Name of Person)

TOWERS INSURANCE CORP.
(Name of Firm/Company)

2658 WEST 73 PLACE
(Address)

HALEAH, FL 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

YOHANY GONZALEZ at (786) 2345230
(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

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SECRETARY OF STATE
TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SERGIO A. GONZALEZ, hereby resign as VP
(Title)

of TOWERS INSURANCE CORP.
(Name of Corporation)

P18000015552, 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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2023 DEC -6 AM 11:07
CORPORATE
DIVISION
TALLAHASSEE, FL