

P18000045215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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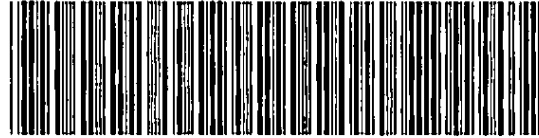
(Business Entity Name)

(Document Number)

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NOV 27 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 27 PM 1:57

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SILVERKNIGHT CONSULTING INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P18000045215  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

MICHAEL SILBERGLEID  
\_\_\_\_\_  
(Name of Person)

SILVERKNIGHT CONSULTING INC  
\_\_\_\_\_  
(Name of Firm/Company)

11276 POND CYPRESS ST  
\_\_\_\_\_  
(Address)

FORT MYERS, FL 33913  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL SILBERGLEID at ( 561 ) 379-7387  
\_\_\_\_\_  
(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

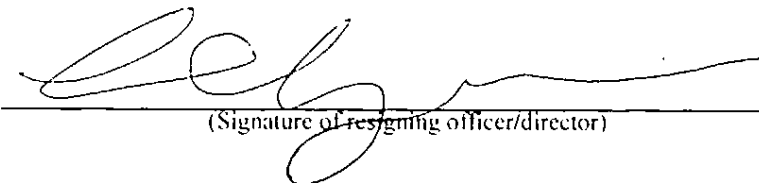
**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ELIZABETH SILBERGLEID, hereby resign as DIRECTOR  
(Title)

of SILVERKNIGHT CONSULTING INC  
(Name of Corporation)

P18000045215, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

FILED  
DIVISION OF CORPORATIONS  
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**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