

P19000037347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRIME LIFE INSURANCE COMPANY
(Name of Corporation)

DOCUMENT NUMBER: P19000037347

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

Please return all correspondence concerning this matter to the following:

YOLY SABILLON

(Name of Person)

FLORIDA BUSINESS SERVICES

(Name of Firm/Company)

11356 S ORANGE BLOSSOM TRL

(Address)

ORLANDO, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

YOLY SABILLON

(Name of Person)

at (407) 723-1333

(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
2661 Executive Center Circle
Tallahassee, FL 32301

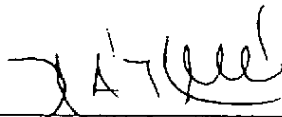
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FELIX D. VAZQUEZ LEON, hereby resign as PRESIDENT
(Title)

of PRIME LIFE INSURANCE COMPANY
(Name of Corporation)

P19000037347, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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