

P24000009647

(Requestor's Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sanz Insurance Group Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P24000009647

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

Andrik Sanchez Silva  
(Name of Person)

Sanz Insurance Group INC.  
(Name of Firm/Company)

1918 Cricket Cradle Dr.  
(Address)

Kissimmee, FL 34746  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrik Sanchez Silva at ( 305 ) 314-8623  
(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, Carlos E Sanchez Silva, hereby resign as VP  
(Title)

of Sanz Insurance Group INC.  
(Name of Corporation)

P24000009647, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

*[Signature]*  
(Signature of resigning officer/director)

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2024 FEB 29 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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