

P98000034369

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perval Insurance Agency Corp

(Name of Corporation)

DOCUMENT NUMBER: 650417431

098000036369

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

Please return all correspondence concerning this matter to the following:

Leslie J Pereira

(Name of Person)

Perval Insurance Agency Corp

(Name of Firm/Company)

14373 SW 45 ter

(Address)

Miami, Florida 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie J Pereira

(Name of Person)

at (**786**) **390-1254**

(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
409 E. Gaines Street
Tallahassee, FL 32399

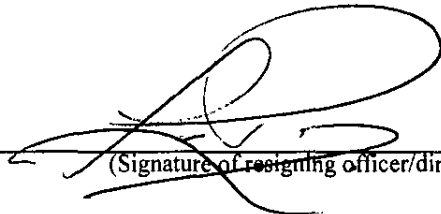
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Leslie J Pereira, hereby resign as VD
(Title)

of Perval Insurance Agency Corp
(Name of Corporation)

650417431, 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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