

P99000107340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

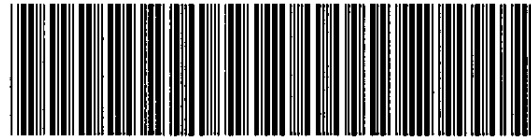
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 OCT 20 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

! TB

OCT 22 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RAUL TORRENS INSURANCE AGENCY, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P99000107340

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

Please return all correspondence concerning this matter to the following:

RAUL TORRENS

(Name of Person)

RAUL TORRENS INSURANCE AGENCY, INC.

(Name of Firm/Company)

2460 SW 137TH AVE - SUITE 240

(Address)

MIAMI, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

RAUL TORRENS

(Name of Person)

at ( 305 ) 227-1117

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

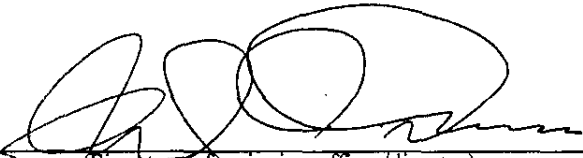
**FILED**  
2018 OCT 20 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, RAUL A TORRENS, hereby resign as TREASURER  
(Title)

of RAUL TORRENS INSURANCE AGENCY, INC.  
(Name of Corporation)

P99000107340, 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