

P21000087723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

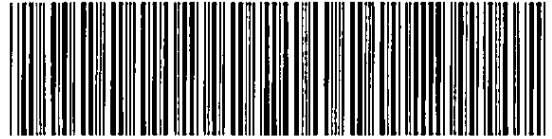
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2024 JAN - 8 PM 1:18

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RESIGNATION  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000087723  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

KATIUSSI LISIANI SOARES  
\_\_\_\_\_  
(Name of Person)

GOMES SOLUTIONS CORP  
\_\_\_\_\_  
(Name of Firm/Company)

540 S PARK ROAD, # 9-28  
\_\_\_\_\_  
(Address)

HOLLYWOOD, FL - 33021  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

KATIUSSI LISIANI SOARES at ( 954 ) 709-4056  
(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, KATIUSSI LISIANI SOARES, hereby resign as SECRETARY  
(Title)

of GOMES SOLUTIONS CORP  
(Name of Corporation)

P21000087723, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Katiusso Soares  
(Signature of resigning officer/director)

2024 JAN-8 PM 1:49  
SECRETARY

**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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RESIGNATION  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KATIUSSI LISIANI SOARES  
\_\_\_\_\_  
(Contact Person)

GOMES SOLUTIONS CORP  
\_\_\_\_\_  
(Firm/Company)

540 S PARK ROAD, 9/28  
\_\_\_\_\_  
(Address)

HOLLYWOOD, FL 33021  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

KATIUSSI LISIANI SOARES at ( 954 ) 709-4056  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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