

NO3000009535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

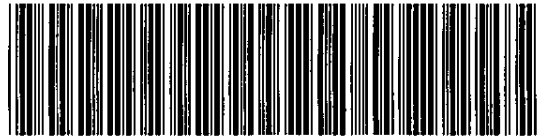
(Business Entity Name)

(Document Number)

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Off / di Resign

FILED
07 OCT 19 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~2.00~~ OCT 23 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Katia Solomon Foundation
(Name of Corporation)

DOCUMENT NUMBER: NO3000009535

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

Please return all correspondence concerning this matter to the following:

Carol Gomez
(Name of Person)

(Name of Firm/Company)

3205 W. Bay Vista Ave.
(Address)

Tampa, Fl. 33611
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Gomez at (813) 310-3922
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
07 OCT 19 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Caral Gomez, hereby resign as Secretary
(Title)
of Katia Solomon Foundation, Inc.
(Name of Corporation)

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

Caral Gomez
(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