N23 000002935

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GOMUSA Inc		
(Name of Corporation)	_	
DOCUMENT NUMBER: N23000002935		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	for filing.	
Please return all correspondence concerning this matter to the following:		
United States Corporation Agents, Inc.	20	
(Name of Person)	24 H	*****
Legalzoom.com, Inc.	AY -1	, week
9900 Spectrum Dr.	AM 8: 46	
Austin, TX 78717	□ 5	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
800 ₇₇₃₋₀₈₈₈		
(Name of Person) (Area Code & Daytime Telephone Number	er)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617			
Florida Statutes, the undersigned. United States Corporation Agents, Inc.	٥.		
(Name of Registered Agent)			
hereby resigns as Registered Agent for GOMUSA Inc			
(Name of Corporation)			
N23000002935			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	own add	lress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whi	ch	
(Signature of Resigning Agent)			
If signing on behalf of an entity:	Ž:.	2024 MAY - I	" 7 7
Cheyenne Moseley	S: HV	7	Lann Lann A &
(Typed or Printed Name)	(%) - (%) -		'n
Asst. Secretary for United States Corporation Agents, Inc.		AH 8: 4:	Ö

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)