

P05 000164328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

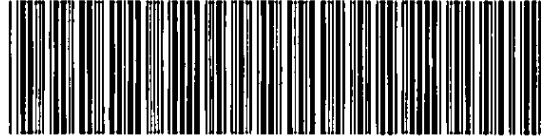
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700373174617

*Resignation Officer*

09/17/21--01036--002 \*\*35.00

FILED  
2021 SEP 17 AM 10:07  
SECRETARY OF STATE  
400 MASSACHUSETTS

SEP 29 2021

A RAMSEY

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOPHIA CONSTRUCTION AND DISTRIBUTOR CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000164328  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

OCTAVIO SARMIENTO JR  
\_\_\_\_\_

(Name of Person)

SOPHIA CONSTRUCTION AND DISTRIBUTOR CORP  
\_\_\_\_\_

(Name of Firm/Company)

4839 TUDOR DR. APT 2  
\_\_\_\_\_

(Address)

CAPE CORAL, FL 33904  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

OCTAVIO SARMIENTO \_\_\_\_\_ at ( <sup>239</sup> \_\_\_\_\_ ) <sup>227-6272</sup> \_\_\_\_\_  
(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**

**FILED**  
2021 SEP 17 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, OCTAVIO SARMIENTO, hereby resign as VICE PRESIDENT  
(Title)

of SOPHIA CONSTRUCTION AND DISTRIBUTOR CORP  
(Name of Corporation)

P05000164328, 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