## P0700005550

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	• #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	ertified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
		į			





500241172805

10\(\frac{7}{2}\)\(\f

12 OCT 29 NH 5: 112



## TRANSMITTAL LETTER

Division	of Corporations
SUBJECT:	SOROMS INC - FEIN 26-0144317 (Name of Corporation)
DOCUMENT I	NUMBER:
The enclosed O	fficer/Director Resignation for a Corporation and fee are submitted for filing
Please retum ali	l correspondence concerning this matter to the following:
Rodr	Name of Person)
	(Name of Person)
SOROM	(Name of Firm/Company)
•	(Name of Firm/Company)
. 1111 S	W 1 <sup>ST</sup> AUE APT 2725  (Address)
	, FL, 33/30 (City/State and Zip Code)
For further info	nnation concerning this matter, please call:
Rodnie	(Name of Person) at (786) 546 0886 (A rea Code & Daytime Telephone Number)
Enclosed is a cl	heck for \$35.00 made payable to the Florida Department of State.
Mailing Addre Amendment Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction Amendment Section porations Division of Corporations 409 E. Gaines Street

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Rodrigo Hvertas			_	, hereby resign as DIRECTOR / PRESIDENT		
					•	(Title)
of	SOROM	s INC	_	FEIN	26-01443	17
^		$\epsilon$	Name o	f Corporatio	n)	•
Por	DOODS (Document Num	5556 ber, if known)	<u>D</u> _	, а сопрок	ution organized w	nder the laws of the State of
	Florida,					

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