

PIO000086929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

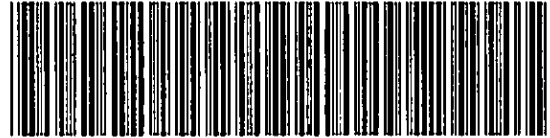
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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900381828629

*Resignation
of officer*

02/22/22--01044--000 **210.00

2022 FEB 22 PM 12:38
STATE OF ARIZONA
DEPT. OF REVENUE

FILED

A. RAMSEY

MAR 02 2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLMSOLUTIONS GROUP INC

(Name of Corporation)

DOCUMENT NUMBER: P10000086929

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

Please return all correspondence concerning this matter to the following:

Melissa Porri

(Name of Person)

(Name of Firm/Company)

1263 NW 87th Ave

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Porri

(Name of Person)

at (561)

523-3513

(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

2022 FEB 22 PM 12:38

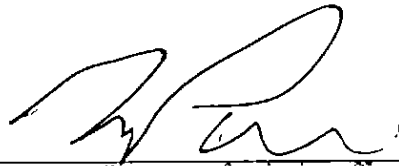
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Melissa Porri, hereby resign as SV
(Title)

of FLMSOLUTIONS GROUP INC
(Name of Corporation)

P10000086929, 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