## P12,000093056

(Reque	stor's Name)	
(Addre	SS)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



100298963201

07/14/17--01020--005 •+35.00

2017 JUL 14 PM 1:41 PALEAHASSEC FLORIC

C. GOLDEN
JUL 1 9 2017

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TRES SOLES, CORP

(Name of Corporation)

DOCUMENT NUMBER: P12000093056

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

Please return all correspondence concerning this matter to the following:

ALEX D. SIRULNIK

(Name of Person)

ALEX D. SIRULNIK, P.A.

(Name of Firm/Company)

2199 PONCE DE LEON BLVD., SUITE 301

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX D. SIRULNIK

,305 \443-721

(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
2661 Executive Center Circle
Tallahassee. FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CARINA CORREA	, hereby resign as PRESIDENT
	(Title)
of TRES SOLES, CORP	
(Name of Corpora	tion)
P12000093056	oration organized under the laws of the State of
(Document Number, if known)	and the fact of the state of
FLORIDA	
(Signature o	f 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

2017 JUL | 4 PM |: 48