

P17000073231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

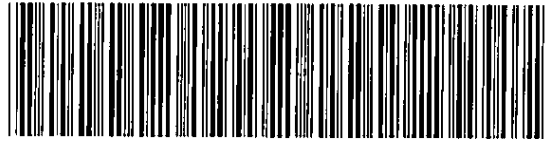
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2024 JUL 11 PM 1:11

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CM HEALTHCARE SOLUTIONS, INC

(Name of Corporation)

DOCUMENT NUMBER: P17000073231

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

Please return all correspondence concerning this matter to the following:

Noe Ramirez

(Name of Person)

CM Healthcare Solutions, INC

(Name of Firm/Company)

936 SW 1st Ave #451

(Address)

Miami, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Noe Ramirez

at (818) 201-6549

(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

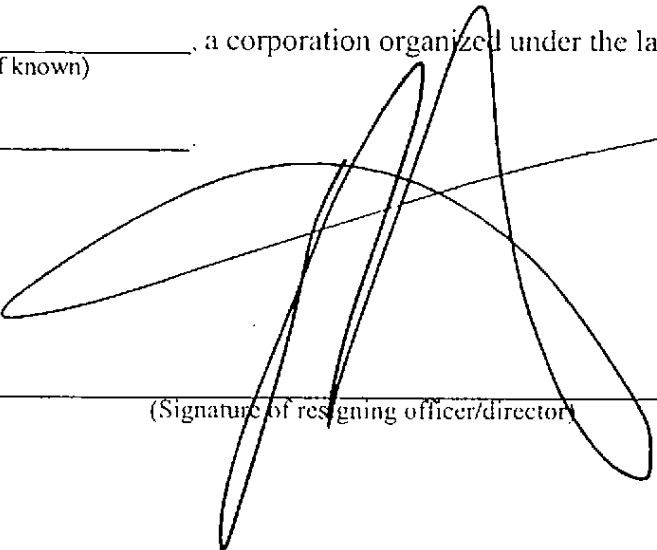
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2024 JUL 11 PM 4:11

I, Michelle Hernandez, hereby resign as President
(Title)

of CM Healthcare Solutions, INC
(Name of Corporation)

P17000073231, 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