P18000074555

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2020 OCT 30 PH 1:58

12/10/20

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT:
(Name of Corporation)
DOCUMENT NUMBER: P18000079558
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filir
Please return all correspondence concerning this matter to the following:
PEDRO N. ALZATE
(Name of Person)
MARTINEZ GOMEZ CORPORATION
(Name of Firm/Company)
1645 grouper st
(Address)
st cloud 34771
(City/State and Zip Code)
For further information concerning this matter, please call:
clodomiro martinez at () 240 4323 (Area Code & Daytime Telephone Number)
(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 FILED

2020 OCT 30 PM 1:58

PEDRO N. ALZATE	SECRETARY OF STATE TALLAHASSEE, FL DIRECTOR
I,	. hereby resign as(Title)
MARTINEZ GOMEZ CORPORATION of	
(Name	of Corporation)
P 18000079558	_, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	_,
	Jung -
(5	ignature 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