

P20000015687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

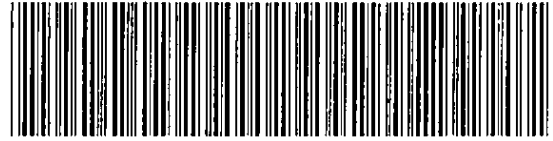
(Business Entity Name)

(Document Number)

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2023 JUL 17 PM 4:46

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** E Mobile Solution Inc  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 12  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

German Shchedrinski  
\_\_\_\_\_  
(Name of Person)

E Mobile Solution  
\_\_\_\_\_  
(Name of Firm/Company)

1830 S Ocean Dr Un.4308  
\_\_\_\_\_  
(Address)

Hallandale, Florida . 33009  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alo Streimann  
\_\_\_\_\_ at ( 954 ) 4086001  
(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

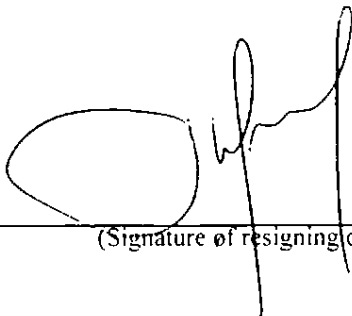
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, German Shchesdrinski, hereby resign as President  
(Title)

of E Mobile Solution Inc  
(Name of Corporation)

P200000015687, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

2023 JUN 17 PM 4:46

**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