## P21000078450

(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: 07/17/23
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Office Use Only



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S. CHATHAM

2023 JUL 17 PH 2: 08



June 29, 2023

MORAIMA CASTRO 17961 SW 33RD STREET MIRAMAR, FL 35029 US

SUBJECT: SGSI BROWARD INC. Ref. Number: P21000078450

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$10.00 due.

The form you submitted is for a Florida Limtied Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 623A00014754

Summer Chatham Regulatory Specialist III Director's Office

www.sunbiz.org

## TRANSMITTAL LETTER

SUBJECT:	SGSI	SROWARD INC.
DOCUMENT NUMBER:_	, , , , , ,	of Corporation) 0 78450
The enclosed Officer/Directo	r Resignation for a Co	orporation and fee are submitted for filing
Please return all corresponder	nce concerning this m	atter to the following:
Moraine (Name	A Castro	
SGST BK (Name of F	NWARD IN irm/Company)	<u>C.</u>
1796/SW-33	Street	<del></del>
MiKAMAR FC (City/State	33029 and Zip Code)	
For further information conce	erning this matter, ple	ase call:
Tokge Ast (Name of Person	10 at (10)	786 ) 452 · 5357 Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	00 made payable to the	e Florida Department of State.
Mailing Address: Amendment Section		Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

.,

1. MOKAIMI	1 Castro	, hereby resig	n as IRPASURE	R/Secretary
of	GSI (Name of Cor	SKOWARD,	INC	·
(Document Number,	if known)	orporation organize	ed under the laws of ti	ne State of
FLORIDA				
	Signatur	Julian of resigning officer.	/director)	2023 JUL 17 PH 2: 08

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