

P21000087723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

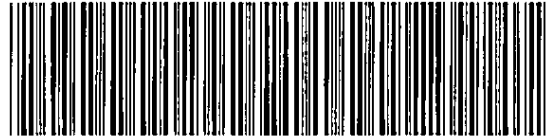
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2024 JAN -8 PM 1:18

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION _____
(Name of Corporation)

DOCUMENT NUMBER: P21000087723 _____

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

Please return all correspondence concerning this matter to the following:

KATIUSSI LISIANI SOARES

(Name of Person)

GOMES SOLUTIONS CORP

(Name of Firm/Company)

540 S PARK ROAD, # 9-28

(Address)

HOLLYWOOD, FL - 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

KATIUSSI LISIANI SOARES at (954) 709-4056

(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, KATIUSSI LISIANI SOARES, hereby resign as SECRETARY
(Title)

of GOMES SOLUTIONS CORP
(Name of Corporation)

P21000087723, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Katiussi Soares
(Signature of resigning officer/director)

2024 JAN-8 PM 1:49
SECRET

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESIGNATION

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KATIUSSI LISIANI SOARES

(Contact Person)

GOMES SOLUTIONS CORP

(Firm/Company)

540 S PARK ROAD, 9/28

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

KATIUSSI LISIANI SOARES

at (954) 709-4056

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303