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Requester's Name	
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CORPORATION NAME(S) & DOCU	UMENT NUMBER(S), (if known):
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☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
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NEW FILINGS	AMENDMENTS
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER THE INC.	-
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OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	· · · · · · · · · · · · · · · · · · ·
	Foreign Limited Partnership
Annual Report	Foreign Limited Partnership Reinstatement
Annual Report	Foreign Limited Partnership Reinstatement Trademark
Annual Report	Foreign Limited Partnership Reinstatement Trademark

DIVISION OF CORPORATIONS

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## OFFICER / DIRECTOR RESIGNATION

I, JOHN PIERCE	_, hereby resign as PRESIDENT (Title)	
of TRAUMA CYCLES (Name of Corporate	ion)	
a corporation organized under the laws of the Sta	te of FL	
and affirm that the corporation has been notified in writing of the resignation.		
(Signature of resigning officer/director)		
* UNAFFILIATED STINGS JUNE	5 101	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314