

P000000085471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

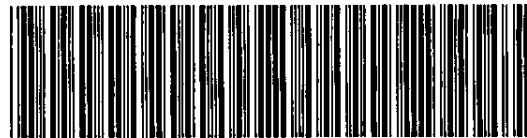
(Business Entity Name)

(Document Number)

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AND
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14 JAN -9 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Lewis
1-15-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trace Solutions Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 00000085471

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

Please return all correspondence concerning this matter to the following:

Timothy B Knopp

(Name of Person)

(Name of Firm/Company)

1709 Eastern Avenue

(Address)

St. Cloud, FL 34769

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy Knopp

(Name of Person)

at

407 709-2113

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

APPROVED
AND
FILED

14 JAN -9 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Pamela J Knopp, hereby resign as President
(Title)

of Trace Solutions Inc.
(Name of Corporation)

P 00000085471, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature 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