

PO5000008122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

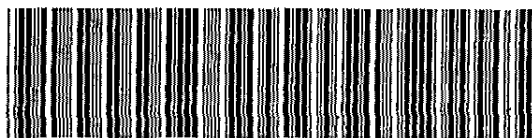
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600043724176

01/28/05--01028--001 **35.00

FILED
05 JAN 28 AM 10:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

Ps 2/1/05
o/d.les

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Trace, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO 500000 8/22

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

Please return all correspondence concerning this matter to the following:

Mr. J. S. Nicholas
(Name of Person)

Complete Trace, Inc.
(Name of Firm/Company)

PO Box 813874
(Address)

Hollywood, FL 33081
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas, J.S. at (305) 8962669
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

05 JAN 28 AM 10:47

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, ILIA S. Nicholas, hereby resign as President
(Title)

of Complete Trace, Inc.
(Name of Corporation)

POS000008122, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

The Officers name was misspelled correct
Spelling is I.S. Nicholas.

IS Nicholas
(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