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C.COULLIETTE SEP 0 9 2010

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

(Name of Corporation) SUBJECT:

DOCUMENT NUMBER: P06000106515

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

Please return all correspondence concerning this matter to the following:

OCONNEL (Name of Person) KRISTIN

TBASE IN C (Name of Firm/Company)

611 SOUTH FORT HARRISM Are #110

(Address)

CLEAEWATER FL 33756 (City/State and Zip Code)

For further information concerning this matter, please call:

KCISTIN O'CAN NELL (Name of Person) at (551) 221-9360 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

• 2

KRISTIN O'Connell	, hereby resign as	CFO (Title)
		(The)
TRASE MC.		
(Name of C	Corporation)	
Document Number, if known)	a corporation organized und	er the laws of the State of
FLORIDA + NE W YORK		

Knit (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