

P11000019960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

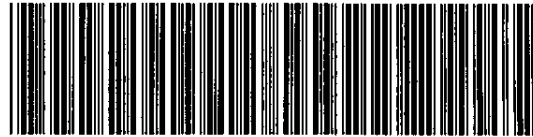
(Business Entity Name)

(Document Number)

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O/D Resign-  
07-14-14  
DC

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Total Forensic Solutions Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000019960

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

Please return all correspondence concerning this matter to the following:

Amanda Pearson  
(Name of Person)

Total Forensic Solutions, Inc  
(Name of Firm/Company)

8285 Bryan Dairy Rd., Suite 125-C  
(Address)

Largo, FL 33777  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Pearson at (813) 343-0766  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

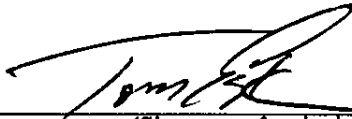
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Thomas Eskridge, hereby resign as Vice President  
(Title)

of Total Forensic Solutions, Inc  
(Name of Corporation)

P110000019960, 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

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