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(City/State/Zip/Phone #)

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(Business Entity Name)

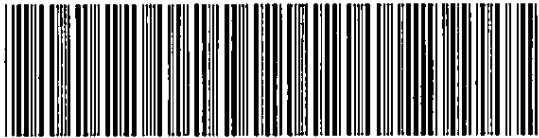
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R/A-Resign

LT

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-24-18

NAME: TRACI LYNN, INC.

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST: 87.50

RETURN: PLAIN COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRACI LYNN, INC.

(Name of Corporation)

DOCUMENT NUMBER: P12000054695

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leisa Pichard

(Name of Person)

Florida Filing & Search Svcs, Inc

(Name of Firm/Company)

155 Office Plaza Drive

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Leisa Pichard

(Name of Person)

at (850) 216-0457

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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
..

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Florida Filing & Search Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Traci Lynn, Inc

(Name of Corporation)

P12000054695

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Abbie Hodge
(Signature of Resigning Agent)

If signing on behalf of an entity:

Abbie Hodge

(Typed or Printed Name)

Senior Vice President

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

FILED
18 OCT 24 AM 10:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA