P97000041923

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			





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TRANSMITTAL LETTER

SUBJECT: Transcription Solutions, Inc (Name of Corporation) DOCUMENT NUMBER: P97000041923 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gail A. Gresham (Name of Person) Transcription Solutions, Inc. (Name of Firm/Company) 2301 Park Ave, Suite 300 (Address) Orange Park, FL (City/State and Zip Code) For further information concerning this matter, please call: Gail A. Gresham (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Susan P Acosta	, hereby resign as	areholder/officer
*,	, nelecty resign as	(Title)
of Transcription Solut		
	e of Corporation)	
P97000041923 (Document Number, if known)	, a corporation organized under t	the laws of the State of
Florida		THE THE
,		発表の
Susan	f. Cush. (Signature of resigning officer/director)	型 9: 22 图 9: 22
	Hi	``
	FILING FEE IS \$35.00	Ernest A. Fillipucci-Ament, III My Commission # FF 9164793 EXPIRES: May 14, 2017

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314