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SECRETARY OF STATE

C.COULLIETTE
JUL 0 8 2009

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT:_TROPICAL KEY, INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: P00000023769
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
DO	NNA WILSON
	(Name of Person)
	(Name of Firm/Company)
356	5 W. GLENCOE STREET
	(Address)
CO	CONUT GROVE, FL 33133
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
DON	NNA WILSON at (305) 283-6678 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle Chassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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SECRETARY OF STATE A

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RESIGNATION

Gentlemen:

I hereby tender my resignation as an Officer, Director, and Registered Agent of TROPICAL KEY, INC., a Florida corporation, to take effect at the conclusion of the meeting of the board of directors at which this resignation is accepted.

DATED: 1026100

TROPICAL KEY, INC., a Florida corporation