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| (R | equestor's Name) | |
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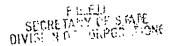
C LEWIS

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: TROPICANA INVESTORS (Name of | Corporation) |
| DOCUMENT NUMBER: <u>F94000033</u> | |
| The enclosed withdrawal application and fee are sub- | mitted for filing. |
| Please return all correspondence concerning this matter to the following: | |
| BRYAN GROSMAN (Name of | |
| (Name of | Person) |
| (Firm/Co | ompany) |
| 1051 NW 3rd St. | |
| (Add | ress) |
| 1051 NW 3rd St. (Additional City/State ar | nd Zip code) |
| For further information concerning this matter, please of | call: |
| (Name of Person) Enclosed is a check for the amount: | (Area Code & Daytime Telephone Number) |
| \$35 Filing Fee \$43.75 Filing Fee & \$43.75 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | Copy Certificate of Status & Certified Copy is Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle |

Tallahassee, FL. 32301

Tallahassee, FL.32314



APPLICATION BY FOREIGN CORPORATION FOR WITHDRAW AL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

TROPICANA INVESTORS INC.
(Name of Corporation)

F 9400000 3324

(Document Number of Corporation (if known)

| OELAWARE (Incorporated Under Laws of) | | |
|---|--------------------|---------------|
| This corporation is no longer transacting business or conducting affairs within the State of Florivoluntarily surrenders its authority to transact business or conduct affairs in Florida. | ida and | l hereby |
| This corporation revokes the authority of its registered agent in Florida to accept service on appoints the Department of State as its agent for service of process based on a cause of action the time it was authorized to transact business or conduct affairs in Florida. | | |
| The following is a current mailing address for the corporation: | | 01 |
| 1051 NW 3rd St. (Mailing Address) | 15 OCT | 14. COM |
| HALLANDALE, FL 33009 (City/ State /Zip) | 15 OCT -1 PM 1: 47 | O TOTAL STATE |
| The corporation agrees to notify the Department of State in the future of any change in its mailing (Signature of a director president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | g addre | ess. —— |
| GRYAN GROSMAN (Typed or printed name of person signing) PRESIDENT (Title of person signing) | g) | |

FILING FEE \$35