H26705

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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FALLAHASSEE, FLORID!

by off

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tropical Realty & Investments, Inc.
DOCUMENT NUMBER: H26705
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
Prudential Tropical Realty (Name of Firm/Company) 7916 Evolutions Why #106 (Address)
7916 Evolutions Why #106
Trinity FL 34655 (City/State and Zip Code)
For further information concerning this matter, please call:
Zinda Struff at (727) 569-2314 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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OFFICER DIRECTOR RESIGNATION FOR A CORPORATION

1, Johne Schretz	mei er hereby resign as_	O-SVP
	J	(Title)
of Tropical Rea (Name	Dry & Investor	rents, Inc.
· \ (Name	of Corporation)	,
H26705 (Document Number, if known)	_, a corporation organized und	er the laws of the State of
Florida		

See Attached Letter of Resignation
(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

FILED

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