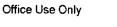
101000008458

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Distdate						







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11/29/06--01022--007 **25.00

06 NOV 29 PM 3: 23 SECRETARY OF STATE ALLAHASSEE FLORID

COVER LETTER

_	tion Section of Corporations		
SUBJECT:	TROPIC SET S	PIRAL	SYSTEMS
	(Name of Limi	ted Liability	Company)
The enclosed me	ember, managing member or	manager re	esignation and fee(s) are submitted for
Please return all	correspondence concerning	this matter	to:
THEO	. ANTONIOU		
	(Contact Person)		
TROP	IC SPIRAL SYS	TEMS	
	(Firm/Company)		-
151	N NOB HILL 20	AD, S	TE 231
	(Address)		
PLANTA	MON PL 33321	1	
	(City/State and Zip Code)		
For further info	rmation concerning this matte	er, please c	all:
THEO	ANTONIOU	at (95	9 816 - 6442 ode & Daytime Telephone Number)
(Name	e of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed please	find a check made payable to \$25 Filing Fee	o the Floric	la Department of State for: \$55 Filing Fee & Certified Copy
STREET/COU	RIER ADDRESS:		MAILING ADDRESS:
Registration Sec			Registration Section
Division of Cor Clifton Building	•		Division of Corporations P.O. Box 6327
2661 Executive			Tallahassee, Florida 32314
Tallahassee Flo	rida 32301		,

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: TROPIC SPIRAL SYSTEMS, LLC 2. This limited liability company was organized under the laws of: FLORIDA 3. The Florida document/registration number of this limited liability company is: LO100008458 4. I, THEOPHILOS ANTONION, hereby resign as a PRESIDENT (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)						the Florida Departn	
3. The Florida document/registration number of this limited liability company is: LO100008458 4. I, THEOPHILOS ANTONION, hereby resign as a PRESIDENT (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)	01 5000 15.	7,20	······································				 -
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4. I, THEOPHILOS ANTONION, hereby resign as a PRESIDENT (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of resignation in writing. Signature of Resigning Member, Managing Member or Manager Filling Fee: \$25.00 (Required)	FLOR	IDA		•			
4. I, THEOPHILOS ANTONION, hereby resign as a PRESIDENT (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of resignation in writing. Signature of Resigning Member, Managing Member or Manager Filling Fee: \$25.00 (Required)							
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of this limited liability company and affirm the limited liability company has been notified of resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)	L010	00000845	58	<u></u> ·			
of this limited liability company and affirm the limited liability company has been notified of resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)	4. I, THEOPH	IILOS AN	TONION	, hereby resign	as a	PRESIDENT	_
resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)	(Print N	ame of Person Res	igning)			(Print Title)	
Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)			and affirm the l	limited liability co	mpany h	nas been notified of	my
Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)	Mes.	Antoni	a-				
				mber or Manager			
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Certified Copy: \$30.00 (Optional) ARE TARY AHASSEE	Filing Fee:	\$25.00 (Req	uired)			O6 SEC	
SSEE	Certified Copy:	\$30.00 (Opt	ional)			NOV RET AHA	
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CR2E079 (5/06)