

**L050000010823**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

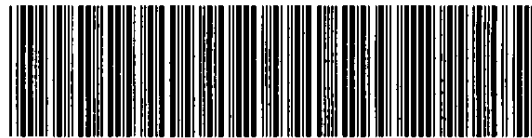
Special Instructions to Filing Officer:

**L. SELLERS**

OCT. 13 2009

**EXAMINER**

Office Use Only



**800161231608**

10/09/09--01013--017 \*\*55.00

**FILED**  
**09 OCT -9 AM 8:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TROPICAL REPROGRAPHICS, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JEFFREY STOUTEN  
(Contact Person)

TROPICAL REPROGRAPHICS, LLC  
(Firm/Company)

324 NICHOLAS PKWY W. UNIT E  
(Address)

CAPE CORAL, FL 33991  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF STOUTEN at ( 239 ) 883-0520  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TROPICAL REPROGRAPHICS, LLC

2. This limited liability company was organized under the laws of:

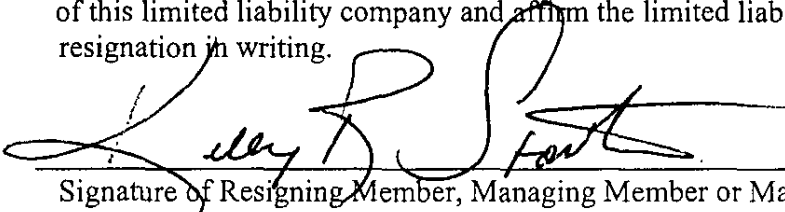
FLORIDA

3. The Florida document/registration number of this limited liability company is:

LO5000010823

4. I, KELLY STOUTEN, hereby resign as a MANAGING MEMBER  
(Print Name of Person Resigning) (MGRM) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

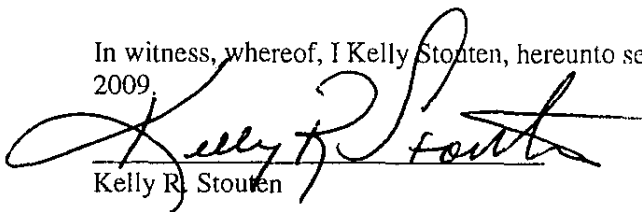
Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
09 OCT -9 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Resignation and transfer of ownership Letter

I, Kelly Stouten, of Tropical Reprographics, LLC, in the County of Lee, State of Florida, do hereby resign my position of managing member in said company effective immediately. I furthermore release Tropical Reprographics of any further obligation such as but not limited to compensation, claim to assets, etc. I agree to release my current shares of said company (currently 25%) to be distributed equally amongst the three remaining members or how they shall see fit.

In witness, whereof, I Kelly Stouten, hereunto set my hand, this 10 day of October 2009.

  
Kelly R. Stouten

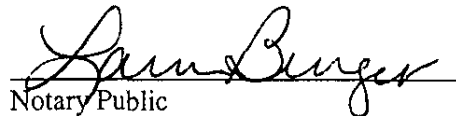
STATE OF FL COUNTY OF LEE

I HEREBY CERTIFY, that on this 10<sup>th</sup> day of October, 2009, before me personally appeared Kelly R. Stouten, who is personally known to me and who is the person described in and who executed the foregoing instrument.

SWORN TO AND SUBSCRIBED before me the undersigned Notary Public by my hand and official seal, the day and year last aforesaid.

My commission expires:

(seal)

  
Notary Public

Laura Burger  
Notary printed

