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	Registration Section Division of Corporations				_ SEC	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	ivision of corporations				TALL	AHASSEE FI TATE		
SUBJECT	r:TROPICAL					A		
		(Name of Lin	nited Liabi	ility Company))			
Dear Sir o	r Madam:							
The enclos	sed Resignation of Member	r, Managin	g Membe	er or Manage	er and fee(s)) are submitted for filin		
Please retu	ırn all correspondence cond	cerning this	matter t	o the follow	ing:			
	•	J						
Emi	lia Oprea-Brense	on						
	(Name of Perso	on)	· · · · ·					
Tro	pical Storms Ro	of Tile	s, LI	LC .				
	(Firm/Company	y)		.,				
2178	Nova Village D	rive						
	(Address)							
Dav	ie, FL 33317							
	(City/State and Zip	Code)						
or further	r information concerning th	is matter, p	lease cal	11:				
Emilia	Oprea-Brenson		at ()54	475-97	07		
	(Name of Person)		(Are	a Code & D	aytime Tele	ephone Number)		
Registratio	COURIER ADDRESS: on Section f Corporations			Reg	ALING AD istration Security of Contraction of Contr	ection		

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P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

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FLORIDA DEPARTMENT OF STATISECRE TARY OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I.	AMOS EDELBEIM	, hereby resign as	MGRM					
-,			(Title)					
of	TROPICAL STORMS ROOF TILES, LLC							
_	(Limited Liability Company)							
a lin	nited liability company organized under the la	ws of the State of	FLORIDA					
and affirm that the limited liability company has been notified in writing of the resignation.								
	Jung - El	/~						
(Signature of resigning manager, managing member or member)								

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314