

L07000020500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
SEP 09 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Non-Medical Transportation, 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:

Howard F. Berkowitz

(Contact Person)

Tropical Non-Medical Transportation, LLC.
(Firm/Company)

2200 N. Florida Mango Road, Suite 402
(Address)

West Palm Beach, Florida 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

Howard F. Berkowitz at (561) 615-7255
(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

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10 SEP - 8 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

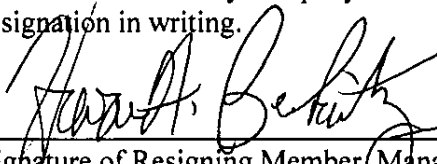
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Tropical Non-Medical Transportation, LLC.

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

3. The Florida document/registration number of this limited liability company is:
L07000020500

4. I, Danny Hester, hereby resign as a President/Member
(Print Name of Person Resigning) (Print Title)

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

 9/1/2010
Signature of Resigning Member (Managing Member) or Manager

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