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SECRE WAS OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tropical Valet, (Name of Limited Liability Con	LLC .
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	·
Richard Quinn (Contact Person)	ZOIZ JUL SECRET ALL AHA
Tropical Valet, LLC (Firm/Company)	L'20 M NO ON THE ON THE ASSEE. PLORID
965 US Huy 1 (Address)	TATE OF
Malabar Fl 32950 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Richard Quinn at (321 (Name of Contact Person) (Area Code) 243-5700 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: 655 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 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

	nited liability company as it		CAAA	t T
2. This limited liability	ty company was organized u	nder the laws of:	20 RM # 07 NRY OF STATE SSEE, FLORIDA	7 7
	nent/registration number of th	is limited liability com	pany is:	
4. I, Stuar (Print Nam	Bor For ne of Person Resigning)	, hereby resign as a _	MGR (Print Title)	
of this limited liabil resignation in writing	ity company and affirm the l	imited liability compan	y has been notified of my	,
Signature of Resign	ning Member, Managing Mer	7-19- mber or Manager	12	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			