## 113000103001

(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:				

Office Use Only



400254909684

12/30/13--01006--005 \*\*80.00

2013 DEC 30 PM 2: 49

(4) JAN - **8** 2014 11 CLINE

## **COVER LETTER**

**Registration Section** TO: Division of Corporations Tropical Express Enterprises, 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: Vadis J. Parson (Contact Person) Tropical Express Carriage Company (Firm/Company) 2208 Cranford Avenue (Address) Fort Myers, FL 33916 (City/State and Zip Code) For further information concerning this matter, please call: Vadis J.Parson (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations Division of Corporations** 

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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	e limited liability company as	s it appears on the record	s of the Florida Department
of State is: Tropical Express Enterprise		ses, LLC	
			475
2. This limited lial the State of	bility company was organized Florida	d under the laws of:	PM 2: 49
3. The Florida doc L13000103	ument/registration number o	f this limited liability con	mpany is:
4. I, Kathy K.Sa	anders	herehy resign as a	Member/Manager
(Print Name of Person Resigning)		, nercoy resign as a	(Print Title)
resignation in wi	ability company and affirm the riting.  Malls  ighing Member, Managing Member, M		any has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		