

PD40000008373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

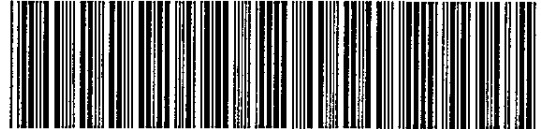
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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TROPIC DELI, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000008373

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD DARRAGH, P.A.  
(Name of Person)

EDWARD DARRAGH, P.A.  
(Name of Firm/Company)

5353 North Federal Hwy., #405  
(Address)

Ft. Lauderdale, FL 33308-3236  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD DARRAGH, ESQ. at ( 954- ) 491-8491  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

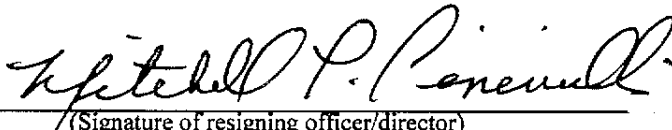
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
04 JUL 16 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, MITCHELL T. CIMINELLI, hereby resign as Director  
(Title)

of TROPIC DELI, INC.  
(Name of Corporation)

P04000008373, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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