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RANDAL L. MURRAY  
*Legal Assistant*



BARBARA M. PIZZOLATO, P.A.  
ATTORNEYS AT LAW

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**GUIDE • ANALYZE • REPRESENT**

11920 FAIRWAY LAKES DRIVE  
BUILDING ONE, SUITE 3  
FORT MYERS, FLORIDA 33913

TELEPHONE: (239) 225-7911 | TELEFACSIMILE: (239) 225-7366

[www.pizzolato.com](http://www.pizzolato.com)

December 20, 2005

**VIA OVERNIGHT MAIL**

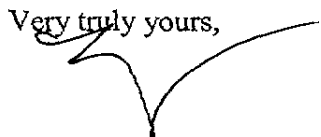
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Tropical Shield of Florida Inc.

Dear Sir or Madam:

Enclosed herewith for filing for the above-referenced corporation please find (i) Resignation of registered Agent; (ii) Resignation of Officer/Director for Carol A. Jenson; (iii) Resignation of Officer/Director for Wayne R. Jenson; and (iv) this firm's check in the amount of \$105.00 and made payable to Florida Department of State, which check represents payment of the required filing fees.

Very truly yours,

  
Randal L. Murray  
Legal Assistant

/rlm  
Enclosures

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New York Office  
532 Broadhollow Road, Suite 111  
Melville, NY 11747-3609  
Telephone (866) 817-4713

New Jersey Office  
c/o Feldman Grodeck P.A.  
80 Main Street  
West Orange, NJ 07052  
(BY APPOINTMENT ONLY)

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TROPICAL SHIELD OF FLORIDA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000115614

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA M. PIZZOLATO, ESQ.

(Name of Person)

BARBARA M. PIZZOLATO, P.A.

(Name of Firm/Company)

11920 FAIRWAY LAKES DRIVE

(Address)

FORT MYERS, FL 33913

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA M. PIZZOLATO

(Name of Person)

at ( 239 ) 225.7911

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CAROL A. JENSEN

(Name of Registered Agent)

hereby resigns as Registered Agent for TROPICAL SHIELD OF FLORIDA, INC.

(Name of Corporation)

P04000115614

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Carol A. Jensen  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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