

PO400015614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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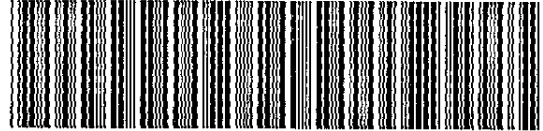
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** P04000115614

The enclosed Officer/Director Resignation 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 for \$35.00 made payable to the Florida Department of State.

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CAROL A. JENSEN, hereby resign as SECRETARY/DIRECTOR  
(Title)

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

P04000115614, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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Carol A. Jensen  
(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