

P 05000036294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

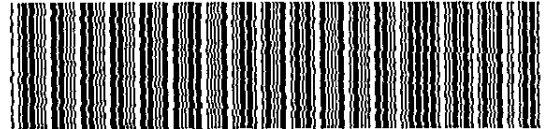
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ceron's Tropical Contractors Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P05000036294

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

Please return all correspondence concerning this matter to the following:

Patricia B. Ceron  
(Name of Person)

Ceron's Tropical Contractors Inc.  
(Name of Firm/Company)

2741 21<sup>st</sup> St.  
(Address)

Sarasota, FL 34234  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Ceron at (941) 266-9060  
(Name of Person) (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, Vince Arrigo, hereby resign as Vice President, Secretary  
(Title)

of Ceron's Tropical Contractors Inc.  
(Name of Corporation)

905000036294, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

06 JAN 10 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Vince Arrigo  
(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