P06000154075

(R€	equestor's Name)	
(Ad	ldress)	_
. (Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporation	s
SUBJECT: TROPICAL SMC	OOTHIE SHALIMAR INC
	(Name of Corporation)
DOCUMENT NUMBER: F	206000154075
The enclosed Officer/Director R	designation for a Corporation and fee are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
DUYEN NGUYEN	
(Name of	Person)
TROPICAL SMOOTHIE SH	ALIMA INC
(Name of Firm	n/Company)
1191 N EGLIN PKWY #F	
(Addre	ess)
SHALIMAR, FL 32579	
(City/State and	Zip Code)
For further information concern	ing this matter, please call:
LORRAINE TASSIN	at (850) 862-6410 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 r	nade 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





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2009

DUYEN NGUYEN TROPICAL SMOOTHIE SHALIMAR INC. 1191 N EGLIN PKWY #F SHALIMAR, FL 32579

SUBJECT: TROPICAL SMOOTHIE SHALIMAR INC.

Ref. Number: P06000154075

We have received your document for TROPICAL SMOOTHIE SHALIMAR INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 909A00036177

District of Comparations DO DOV 6997 Tollahoggas Florida 99914

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2009 DEC -1 P 1: 34

SECRETARY OF STATE TALLAHASSEE. FLORIDA

QUANG GIANG	_, hereby resign as PRESIDENT	
,	(Title)	
TROPICAL SMOOTHIE SHALIMAR IN		
· (Name of Corporati	ion)	
P06000154075 , a corpo	ration organized under the laws of the State of	
FLORIDA		
	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