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SECRETARY OF STATE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: South Florida Tropicals, Inc. (Name of Corporation)
DOCUMENT NUMBER: 7110000 61124
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filling
Please return all correspondence concerning this matter to the following:
Sandra Show (PVST) (Name of Person)
South Floride Tropicals, Inc. (Name of Firm/Company)
4182 Suint Lukes Jane.
Apriled FL 33458 (City/State and Zip Code)
For further information concerning this matter, please call:
Sanda (Sal) 215-629 (Name of Person) at (Sal) 215-629 (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 2661 Executive Center Circle Tallahassee, FL 32301

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Sandra	Show	, hereby resign as	PVST (Tále)	(posidut)
of South	Name of Corporat	Tropical	a, Inc	•
(Document Number, if know	, a corpo	ration organized under	the laws of the Sta	ate of
Florida	······································			
	andu (Signature of	resigning officer/director)	<u></u>	SECRETARY OF ST

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