P1200049485

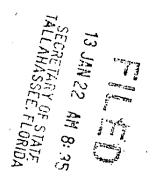
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TRANSMITTAL LETTER

TROPIC CAFE & RESTAURANT INC. (Name of Corporation) **DOCUMENT NUMBER:** P12000049488 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIGUEL A. SUAREZ (Name of Person) TROPIC CAFE & RESTAURANT INC (Name of Firm/Company) 2210 NE 123 STREET (Address) NORTH MIAMI, FL. 33161 (City/State and Zip Code) For further information concerning this matter, please call: MIGUEL A. SUAREZ (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

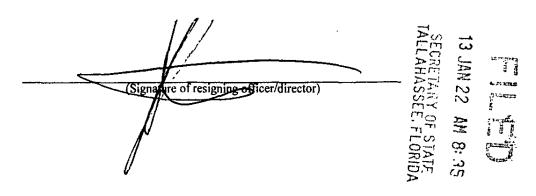
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations

Street Address: Amendment Section Division of Corporations 409: E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, YOSELL HERNAI	NDEZ ,	nereby resign as PRESIDENT
7		(Title)
of TROPIC CAFE &	RESTAL	JRANT INC
(Na	ume of Corporation)	
P12000049488 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	*	



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

04 de diciembre de 2012

Yosell Hemandez

-2025 NE 164 Street apt 512

North Miami Beach, Fl. 33162

Phone:

I, YOSELL HERNADEZ, driver License H655960783760, hereby resign as President of Tropic Café & Restaurant INC. document number P12000049488, a corporation organized under the laws of the State of Florida, I affirm that I have received from Miguel A. Suarez, driver's license S620541741640, all capital invested by me in the preparation and implementation of the restaurant. The company does not owes me nothing in my resignation date is signed.

Yosell Hernandez

Miguel A Suarez / Vice President

STATE OF FLORIDA

COUNTY OF DADE