P1300000 9801

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only, October 11)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	P & P Tropical Fruits, Inc. ECT: (Name of Corpora	ແລກ)
DOC	UMENT NUMBER: P13000009807	, <u></u>
The e	nclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing.
Please	e return all correspondence concerning this matter to	the following:
Ed Tsu	uji	
	(Name of Person)	_
MyCo	mpanyWorks, Inc.	
	(Name of Firm/Company)	_
187 E.	Warm Springs Rd., Suite B	
	(Address)	_
Las V	egas. NV 89119	
	(City/State and Zip Code)	_
For fu	irther information concerning this matter, please call:	
Ed Ts	uji 702 at (362-2677) e & Daytime Telephone Number)
	(Name of Person) (Area Cod	e & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	InCorp Services, Inc.	
. Ionaa saaaas, iir ahaa sigira	(Name of Registered Agent)	-
hereby resigns as Registered Agen	P & P Tropical Fruits, Inc.	
(Name of Corporation)		
P13000009807		
(Document Number, if known)		
A copy of this resignation was made The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which (Signature of Resigning Agent)	
If signing on behalf of an entity:		
Jennifer Peters		? 7
	(Typed or Printed Name)	
Asst. Secretary, InC		
	(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314