

P14 6000 67111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

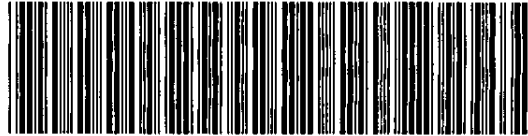
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500278100305

10/15/15--01013--001 \*\*35.00

FILED  
2015 OCT 15 PM 4:25  
CLERK OF STATE  
TREASURY

10/15/15

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TROPICAL PROPERTY RESTORATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P140000 6711

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

Please return all correspondence concerning this matter to the following:

DRAGAN JOVANO V  
(Name of Person)

TROPICAL PROPERTY RESTORATION, INC.  
(Name of Firm/Company)

8407 BOULDER PLACE  
(Address)

TAMPA, FLA. 33615  
(City/State and Zip Code)

For further information concerning this matter, please call:

DRAGAN JOVANO V at (813) 451-2429  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ZIVAN JOVANOVI, hereby resign as VP  
(Title)

of TROPICAL PROPERTY RESTORATION, INC.  
(Name of Corporation)

P140000 67111, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X Zivan Jovanovic  
(Signature of resigning officer/director)

FILED  
2015 OCT 15 PM 4:26  
CLERK OF STATE  
TALLAHASSEE, FL 32310

**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