

P14 0000 67111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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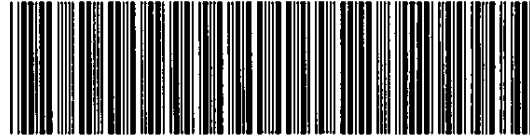
(Business Entity Name)

(Document Number)

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AUG 05 2016
C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P14000067111

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 JOVANOVI
(Name of Person)

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

8407 BOULDER PL.
(Address)

Tampa FL. 33615
(City/State and Zip Code)

For further information concerning this matter, please call:

DRAGAN JOVANOVI 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

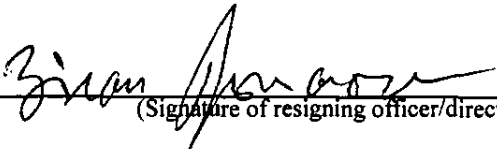
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ZIVAN JOVANO, hereby resign as V. P.
(Title)

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

P 1400006711, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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