## Planss

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

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TO:	Amendment Section Division of Corporations
SUBJI	ECT: TROPICAL SIGNS & DIGITAL GRAPHICS INC
DOCU	(Name of Corporation)  JMENT NUMBER: P16000083875
	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
MA	RIA CHRISTEL (Name of Person)
TROF	PICAL SIGNS & DIGITAL GRAPHICS INC (Name of Firm/Company)
420	BED LANE (Address)
ME	RRITT ISLAND FL. 32952 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
MA	RIA CHRISTEL  (Name of Person)  at (321 ) 4587742  (Area Code & Daytime Telephone Number)
Enclos	sed 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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TROPICAL SIGNS & DIGITAL GRAPHICS INC  (Name of Corporation)  P16000083875  (Document Number, if known)  (Document Number, if known)
P1600083875  (Name of Corporation)  , a corporation organized under the laws of the State or
(Name of Corporation) P16000083875 , a corporation organized under the laws of the State of
a corporation organized under the laws of the State of
(Document Number, it known)
FLORIDA

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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