9/27/23, 5:55 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

REGISTERED AGENT RESIGNATION TROPICAL SKY CAPITAL VENTURES INC.

	Certificate of Status	0
	Certified Copy	0
	Page Count	02
J. HORNE	Estimated Charge	\$35.00
J. HORNE		

NOV 15 2023

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TROPICAL SKY CAPITAL VENTURES INC.
(Name of Corporation) DOCUMENT NUMBER: P22000025013
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Westley Look (Name of Person)
Incorporating Services, Ltd. (Name of Firm/Company)
3500 S DuPont Hughway
(Address) Dover, DE 19901 (City/State and Zip Code)
For further information concerning this matter, please call:
Westley Look at (302) 531-0703 (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Incorporating Services, Ltd.
,	(Name of Registered Agent)
hereby resigns as Registered Agent	t for TROPICAL SKY CAPITAL VENTURES INC.
	(Name of Corporation)
P22000025013	
(Document Number, if known)	

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

Amanda Archambault
(Typed or Printed Name)

Assistant Secretary
(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, F1, 32314