## P96000033764

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
$\mathfrak{C}_{2}$
(Business Entity Name)
, , ,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400180651654

05/14/10--01019--012 \*\*35.00

SECRETARY OF STATE

7/1/6

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUE	JECT: Twocan Tropical Homes, Inc.
	(Name of Corporation)
DO	CUMENT NUMBER: P96000033764
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
Rya	an Alderman
	(Name of Person)
	(Name of Firm/Company)
149	970 E Falcons Lea Drive
	(Address)
Da	vie, FL 33331
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Rya	(Name of Person) at ( 305 ) 801-9185 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clift 2661	mdment Section Amendment Section Sion of Corporations On Building Post Office Box 6327 Executive Center Circle Chassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ryan Alderman	, hereby resign as Director
	(Title)
of_Twocan Tropical Homes,	
0	Name of Corporation)
P96000033764 (Document Number, if known)	, a corporation organized under the laws of the State of
(Document Number, II known)	
,	
	Signature of resigning officer/director)
/	<b>'</b> /

## 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