## 99000044502

(R€	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: ROPICAL Depression Shutters, INC. (Name of Corporation)			
DOCUMENT NUMBER: 09900044502			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Edgardo Otiz (Name of Person)			
Tropicar Devission Shutters, FNC. (Name of Film/Company)			
Poupero Beach, Fz 33069  (City/State and Zip Code)			
City/State and Zip Code)			
For further information concerning this matter, please call:			
Edvardo Or 62 at (954) 444. 250 Cell or (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State. 954.968.4222 office			
Street Address:Mailing Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsClifton BuildingPost Office Box 63272661 Executive Center CircleTallahassee, FL 32314			

Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LAURA E. SMITH, hereby resign as VICE Presiden (Title)	1
of Tropical Depression Shutters, Inc. (Name of Corporation)	
P99000 4450 2, a corporation organized under the laws of the State of (Document Number, if known)	
FIDEL DA.	
Gaula E. Smith.	•

(Signature of resigning officer/director)

## 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 SECRETARY OF STATE.
ALLAHASSEF ELONIE.

FILED