419536

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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05 JUN 17 PM 3: 32
SECRETARY OF STATE
ANT WHASSEE, FLORID.



TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	BJECT: ISLAND AIRE INC.	(Nam	e of Corpora	ation)
DOC	CUMENT NUMBER: 419536			
The e	enclosed Officer/Director Resignati	ion for a (Corporation	and fee are submitted for filing.
Please	se return all correspondence concer-	ning this	matter to th	e following:
Byro	ron D Babb			
	(Name of Person)			and the second
	(Name of Firm/Compa	ny)	: <u>.</u>	A 1 (2)
578	80 Halifax Ave #1			* ***
	80 Halifax Ave #1 (Address)	***		
Fort	rt Myers, Fl 33912			वेदर ्ग १ १ १ ५ १ १
	(City/State and Zip Co	de)		<u>बद्धर</u> ्गः ः १.५ .
For fi	further information concerning this	matter, pl	ease call:	
Byro	on D Babb	at (239	707-9029
	(Name of Person)	aı (_	(Area Code	707-9029 & Daytime Telephone Number)
Enclo	losed is a check for \$35.00 made page	yable to tl	he Florida I	Department of State.
Amen Divisi P.O. I	endment Section Ar sion of Corporations Di Box 6327 40	19 E. Gain	Section Corporation	ns

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,Byron D Babb	hereby resign as Vice President				
	(Title)				
of_Island Aire Inc.					
(Na	ne of Corporation)				
(Document Number, if known)	a corporation organized under the laws of the State of				
Florida	<u>andre</u> en an antalant an en				
	(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