## F08080000703

(Requestor's Name)	
(Addross)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
<u> </u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	
·	
(Document Number)	
,	
•	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
·	

Office Use Only



400135053484

09/08/08--01020--024 \*\*35.00



Of Rosela

SEP 1 1 20

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Island Casinos, Ltd.,	Inc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: F0800	00000703
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
Judith A. Jarvis, Esq.	
(Name of Perso	n)
Law Offices of Judith A. Jarvis, F	P.A.
(Name of Firm/Com	ipany)
1260 East Oakland Park Blvd., S	suite 200
(Address)	
Fort Lauderdale, FL 33334	
(City/State and Zip	Code)
For further information concerning th	nis matter, please call:
Judith A. Jarvis	at ( 954 ) 873-6294 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Judith A. Jarvis	, hereby resign as VCHRSD	
7	(Title)	
of Island Casinos, Ltd., Inc.	odos)	
(Name of Corpor	ation)	
F0800000703 , a corp	poration organized under the laws of the State of	
Commonwealth of the Bahamas		
(Signature	of resigning officer/director)	
	JAL SE	
	OR SEP CAHA!	
FILING	FEE IS \$35.00 SRY OF THE STATE	
Make checks payable to Flori	da Department of State and mail	

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