F42374

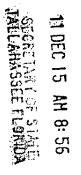
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		

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COVER LETTER

KOR	(Name of Person) SHAK & ASSOCIATES, P.A. (Name of Firm/Company)			
	(Name of Person)			
ERIN	WALKER	•		
Please	return all correspondence concerning	g this matter to th	ne following:	
	closed Resignation of Registered Ag	ent for a Corpora	ation and fee are	submitted for filing
DOCU	UMENT NUMBER: F42374	name of Corporat	on)	
	·	Name of Corporat	on)	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Plorida Statutes, the undersigned, STEPHEN D. KORSHAK, ESQ.			
(Name of Registered Agent)			
hereby resigns as Registered Agent for ISLAND ONE, INC.			
(Name of Corporation)			
F42374			
(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:			
STEPHEN D. KORSHAK, ESQUIRE (Typed or Printed Name)			
Partner			
V II anacijy)			

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, FL 32314