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(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	· #)
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COVER LETTER

TO: Registration Section Division of Corporations	
	Treasures LLC ed Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing M	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Jeff Gordon (Name of Person)	
Island Treasures (Firm/Company)	
PD. Box 3047 (Address)	
Miami Beach FL (City/State and Zip Code)	33/40
For further information concerning this matter, ple	ease call:
Left Gordon (Name of Person)	at (305) 534-2948 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	☐\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1. Neil Vaise/berg, hereby resign as Manager (Title)
or Island Treasures LLC
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.
Mif V
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314