106000098329

(Requestor's Name)				
(Address)				
(Ac	dress)			
(Cit	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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11/19/07--01028--001 **25.00

04/18/08--01025--015 **25.00

08 APR 17 PM 4:01

SECRETARY OF STATE OF VISION OF CORPORATION

T. HAMPTON

APR 1 8 2008

EXAMINER

Daniel W. Blougouras, P.A. Attorney at Law 150 N. Sykes Creek Pkwy, Suite 100 Merritt Island, Florida 32953 (321) 427-6499 Dblougouras@aol.com

Le parting the groups

November 14, 2007

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

Pam A. Parker, Island Source LLC

DOCUMENT NUMBER:

L06000098329

Dear Amendment Section, Division of Corporations:

The enclosed resignation of a member from a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel W. Blougouras PA Attorney at Law 150 N. Sykes Creek Pkwy, Suite 100 Merritt Island, Florida 32953

For further information concerning this matter, please call: (321) 427-6499.

Enclosed is a check for the following amount: \$25.00.

Respectfully

Daniel W. Blougouras



RECEIVED
08 APR 17 PH 1: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 20, 2007

DANIEL W BLOUGOURAS, PA 150 N SYKES CREEK PKWY STE 100 MERRITT ISLAND, FL 32953

SUBJECT: ISLAND SOURCE, LLC Ref. Number: L06000098329

We have received your document for ISLAND SOURCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Resignation of member, Managing Member or Manager must be filed with additional information.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 607A00066719



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as	• •	of the Florida Department
	ility company was organized	d under the laws of:	
	ument/registration number o	of this limited liability comp	oany is:
	A. PARKER Same of Person Resigning) bility company and affirm the siting.		
Parvela Signature of Resi	gning Member, Managing N	Member or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		DIVISION OB APR

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