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(Re	questor's Name)	
(Ad	dress)	
	•	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒#</b> )
PICK-UP	☐ WAIT	MAIL
. (Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Island Mutual Properties,	LLC	
(Name of Limited	Liability Company)	
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted fo	r
Please return all correspondence concerning this	s matter to:	
Brian Glowacki		O7 APR 25 AN 11: 25 SECHEINHY OF STATE
(Contact Person)	AH.	R 25
Island Mutual Properties, LLC	٠ ١-	元 5 AH II: 25 京和II: 25
(Firm/Company)		E STR
259 McLeod St		部 5
(Address)	<del>,. ,</del>	
Merritt Island, FI 32953		
(City/State and Zip Code)	·	
For further information concerning this matter, p	please call:	
Brian Glowacki at	( 321 <sub>)</sub> 453-3595	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)





## 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 ind Mutual Properties	it appears on the records of the Florida	Department
2. This limited liab	ility company was organized	l under the laws of:	
	ument/registration number of	f this limited liability company is:	07 APR 25 SECRETARY TALLAHASS
4. I, Darla J. Se	chults	, hereby resign as a Manager	Mg B
	ame of Person Resigning)	(Print Tit	le) 555 =
of this limited lial resignation in wr		e limited liability company has been not	GE STATE 25
A Signature of Resi	Shultanging Member, Managing M	Nember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

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