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SECRETARY OF STATE
TALLAHASSEE, FI ORINA

J. SAULSBERRY EXAMINER

OCT 5 2011

COVER LETTER

Division of Corporations	
SUBJECT: ISLAND MARKET PLACE, I	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
PATRICIA CAVALLARO	_
(Contact Person)	-
ISLAND MARKET PLACE, LLC	TAI SI
(Firm/Company)	
101000 OVERSEAS HWY	MILOCT -3 AM 8: 42 SECRETARY OF STATE ALLAHASSEE. FLORID
(Address)	OF A
TAVERNIER FL 33037	STA 8:
(City/State and Zip Code)	THE 2
For further information concerning this matter, please call:	ŕ
KAREN PATTERSON at 305	₎ 451-0068
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	355 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as it appe ISLAND MARKET PLAC		the Florida Department	
2. This limited liab	ility company was organized under	the laws of:		
	ument/registration number of this line 1102541	nited liability compa	ny is:	
4. I, MICH	NEL CAVALLARO h	ereby resign as a	MGRM	
	ame of Person Resigning)		(Print Title)	
of this limited lia resignation in wr	pility company and affirm the limite iting.	d liability company l	has been notified of my	
			Z'o Si	
Signature of Res	gning Member, Managing Member	or Manager	2011 OCT -3 SECRETAR) ALLAHASSI	7
Filing Fee:	\$25.00 (Required)		iii C	m
Certified Copy:			AM 8: 12 F STATE FLORID.	(5)