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(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
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Certified Copies Certificates of Status						
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: IS/ANDS INTERNATIONAL Consolidators, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>L63/06</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisette Rid Stephen K. Gonzales (Name of Person)
Islands Inkenational Consolidators Inc. (Name of Firm/Company)
290 N.E. 95 St. (Address)
Miami, Florida 33138 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen K. Gonzales at (305) 877-8580 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Lisette Reso</u>	· /	, hereby resign as	Secretary	Γitle)
of Islands	Tarken African A (Name of Corpora	Consolidators,	Inc.	,
L63/06 (Document Number, if	, a corp	oration organized und	ler the laws of th	ne State of
Florida	<u> </u>			ALCHE SECRE
	D			TILEU PH
	Signature of	of resigning officer/director	or)	H 2: 35

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314