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| (Re | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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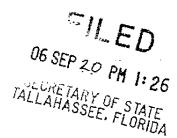
| SUBJECT: Island Awning & Cor | mpany, Inc. | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------|
| | (Name of Corpor | ation) | | • |
| DOCUMENT NUMBER:P050 | 00126951 | | | · · |
| The enclosed Officer/Director Resig | nation for a Corporation | and fee are submitte | d for filing. | |
| Please return all correspondence cor | cerning this matter to th | ne following: | | |
| Kathleen Taube | | | | |
| (Name of Person | on) | | | |
| Island Awning & Company, Inc. | | | | |
| (Name of Firm/Con | mpany) | · | e e e e e e e e e e e e e e e e e e e | ~~~ |
| 100 Sebastian Industrial Place, | Suite 10 | | | |
| (Address) | · · · · · · · · · · · · · · · · · · · | · | | |
| Sebastian FL 32958 | | | | |
| (City/State and Zip | Code) | Transport of the second of the | - · | |
| For further information concerning t | his matter, please call: | | | |
| Kathleen Taube | at 772 | , 581-9601 | | |
| (Name of Person) | (Area Code | 581-9601 & Daytime Telephone | : Number) | ** == |
| Enclosed is a check for \$35.00 made | payable to the Florida I | Department of State. | | |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314 | • • | | |

CR2E044(08/05)

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I. Michael Picca | hereby resign as Vice President | |
|---------------------------------|-----------------------------------------------------------|-----|
| 7 | (Title) | |
| of_ Island Awning & Company, In | | : * |
| (Name | of Corporation) | |
| P05000126951 | _, a corporation organized under the laws of the State of | |
| (Document Number, if known) | | |
| Florida | en e | |

(Signature of resigning officer/director)

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