## 1850012695/

| (Re                                     | questor's Name) |                                       |  |  |
|---|-----------------|---------------------------------------|--|--|
| (Ad                                     | dress)          |                                       |  |  |
| (Ad                                     | dress)          | · · · · · · · · · · · · · · · · · · · |  |  |
| (City/State/Zip/Phone #)                |                 |                                       |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL                                  |  |  |
| (Business Entity Name)                  |                 |                                       |  |  |
| (Document Number)                       |                 |                                       |  |  |
| Certified Copies                        | _ Certificates  | s of Status                           |  |  |
| Special Instructions to Filing Officer: |                 |                                       |  |  |
|   |                 |                                       |  |  |
|   |                 |                                       |  |  |
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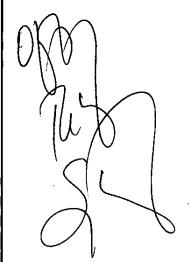


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## **COVER LETTER**

| TO;                             | Amendment Section Division of Corporations  |
|---------------------------------|---|
| SUB                             | JECT: Island Awning & Company, Inc.   |
|                                 | (Name of Corporation)   |
| DOC                             | CUMENT NUMBER: P05000126951   |
| The                             | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing  |
| Pleas                           | se return all correspondence concerning this matter to the following:   |
| Kat                             | hleen Taube   |
|                                 | (Name of Person)  |
| Isla                            | nd Awning & Company, Inc.   |
|                                 | (Name of Firm/Company)  |
| 100                             | Sebastian Industrial Pl., Suite 10  |
|                                 | (Address)   |
| Set                             | pastian, FL 32958   |
|                                 | (City/State and Zip Code)   |
| For f                           | urther information concerning this matter, please call:   |
| Kath                            | (Name of Person) at ( 772 ) 778-1184 (Area Code & Daytime Telephone Number)   |
|                                 | (Name of Person) (Area Code & Daytime Telephone Number)   |
| Enclo                           | osed is a check for \$35.00 made payable to the Florida Department of State.  |
| Amer<br>Divis<br>Clifte<br>2661 | Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Kathleen Taube           | , hereby resign as Vice Presi             | Vice President & Treasurer                             |  |  |
|-----------------------------|---|--|--|--|
|                             |   | (Title)  |  |  |
| ofIsland Awning & Compan    |   | ,  |  |  |
| (                           | (Name of Corporation)                     |  |  |  |
| P05000126951                | , a corporation organized under the laws  | a corporation organized under the laws of the State of |  |  |
| (Document Number, if known) |   |  |  |  |
| Florida                     | ·   |  |  |  |
|                             |   |  |  |  |
|                             |   | 20<br>Tal  |  |  |
| L                           | Seel March                                | 2010 JUL -2 SECRETARY TALLAHASSE                       |  |  |
| <u> </u>                    | Her France                                | -2 ASS   |  |  |
| )                           | (Signature of resigning officer/director) |  |  |  |
| ,                           |   | P  |  |  |
|                             |   | PMI2:  |  |  |
|                             |   |  |  |  |

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