

P05000152913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

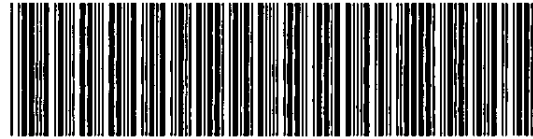
(Business Entity Name)

(Document Number)

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900224857769

Resignation  
Of Officer

03/16/12--01009--008 \*\*35.00

FILED  
2012 MAR 16 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/20/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Island Arbor Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** POS000152913

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffery Chrisco  
(Name of Person)

Island Arbor Inc.  
(Name of Firm/Company)

1651 20th St.  
(Address)

Vero Beach, FL 32960  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffery Chrisco at (772) 778-2649  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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 Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

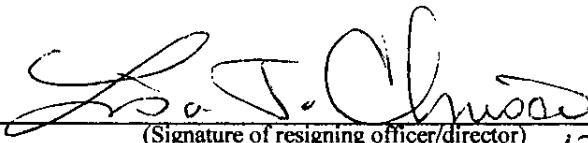
**FILED**  
2012 MAR. 16 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Lisa J. Chrisco, hereby resign as Resident  
(Title)

of Island Arbor Inc.  
(Name of Corporation)

PO5000152913, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA. As of December 31, 2011.

  
(Signature of resigning officer/director) 12/31/11

**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