PX600058121

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



200106266282

08/07/07--01023--016 **35.00







COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Reasurer ISLAND INC. (Name of Corporation)
DOCUMENT NUMBER: P0600058/21
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MARILYN Somme a hoft (Name of Person)
PATIENCE ACCOUNTING & TAXSecree Live (Name of Firm/Company)
POBOX 420503 (Address)
(Address)
SUMMERLAND KEY, F-L 33042-0503 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 245-1841 (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

I,	RAFI BEN ZUI , hereby resign as PRECEDENT DIRECTOR (Title)
of_	RXD'S TREASURER ISLAND INC. (Name of Corporation)
	POL 0000 58121, a corporation organized under the laws of the State of (Document Number, if known)
	FLOH DA
	(Signature of resigning officer/director)
	CRETARY AHASSE
	FILING FEE IS \$35.00 FILING FEE IS \$35.00 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