## P06000127427

	(Requestor's Name)	
	(Address)	
<del></del>	(Address)	
	(	
1	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEF, FI OBITA

Officer Resign Crimmershy 1/23/08

## **COVER LETTER**

Division of Corporations
SUBJECT: Island Delite Foods, Inc. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: PO6000127427
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Glenford Diston (Name of Person)
(Name of Person)
(Name of Firm/Company)
10885 SW 138 Street
Miani FL 33176 (City/State and Zip Code)
For further information concerning this matter, please call:
Glenford Diston at (305) 205-6503 (Name of Person) at (305) 205-6503 (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

TO: Amendment Section

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Glenford Diston, hereby resign as Direc	for.
	(Title)
of Island Delife Foods Inc.  (Name of Corporation)  POLOGO 127427, a corporation organized under the laws of to (Document Number, if known)	he State of
Florida	
(Signature of resigning officer/director)	OB JAN 15 PH 3: 3
FILING FEE IS \$35.00	DA CA

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

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