## P07000015376

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
·	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



200119240712

03/03/08--01055--006 \*\*:

\*\*35.00

Of / Dri Resign

08 MAR - 3 PM 3: 37

T. Roberts MAR -14 2008)

## COVER LETTER

SUBJECT: Island Kit	(Name of Corporation)
DOCUMENT NUMBE	ER: P07000015376
The enclosed Officer/Di	rector Resignation for a Corporation and fee are submitted for filing
Please return all corresp	ondence concerning this matter to the following:
Radica Persaud	
1)	Name of Person)
Island Kitchen SSS I	nc
(Name	e of Firm/Company)
6849 SE Maricamp F	Road
<del></del>	(Address)
Ocala, FL 34472	
(City/	State and Zip Code)
For further information	concerning this matter, please call:
Teanna D. Lower	Lower Taxes 9562 SE Maricamp Rd  At ( 352 ) 687-4889  (Area Code & Daytime Telephone Number)
(Name of	(Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. Mahadeo Persaud	, hereby resign as President
-7 <u></u>	(Title)
of_Island KitchersSSS Inc	
(Nam	e of Corporation)
P07000015376 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
Malun	le famel.
•	(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