

P 07000031519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

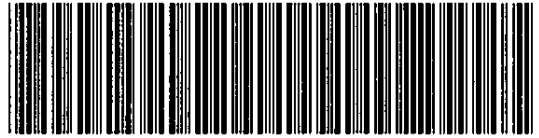
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign*  
C.COULLETTE

SEP 11 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ISLAND MIKE'S INC

(Name of Corporation)

**DOCUMENT NUMBER:** P07000031519

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

Please return all correspondence concerning this matter to the following:

EUGENE A FORD

(Name of Person)

ISLAND MIKE'S INC

(Name of Firm/Company)

2101 HIGHWAY US 1

(Address)

ROCKLEDGE FL 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

EUGENE FORD

(Name of Person)

at ( 321 ) 720-5873

(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, MICHAEL SCIACCA, hereby resign as DIRECTOR  
(Title)

of ISLAND MIKE'S INC  
(Name of Corporation)

P07000031519, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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

**FILED**  
09 SEP - 8 AM 8:51  
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TALLAHASSEE, FLORIDA