

PO70000046549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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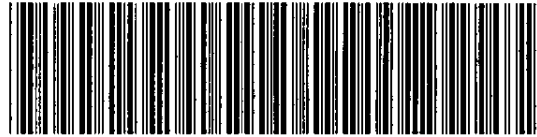
(Business Entity Name)

(Document Number)

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@ 9/11/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Island Casinos of Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000046549

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

Please return all correspondence concerning this matter to the following:

Judith A. Jarvis, Esq.

(Name of Person)

Law Offices of Judith A. Jarvis, P.A.

(Name of Firm/Company)

1260 East Oakland Park Blvd., Suite 200

(Address)

Fort Lauderdale, FL 33334

(City/State and Zip Code)

For further information concerning this matter, please call:

Judith A. Jarvis

(Name of Person)

at (954) 873-6294

(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, Judith A. Jarvis, hereby resign as VP
(Title)

of Island Casinos of Florida, Inc.
(Name of Corporation)

P07000046549, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Judith A. Jarvis
(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

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