P08000009674

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
, PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



500147884965

04/01/09--01015--027 **35.00

2009 APR - I PM 3: 24
SECRETARY OF STATE
TAIL AHASSEE, FLORID,

off. Resign.
TB 4/3/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Island Life Commercial Construction, Corp. (Name of Corporation) DOCUMENT NUMBER: PO 8000009674
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edward Beauchaine (Name of Person)
Island Like Commercial Construction, Cop. (Name of Firm/Company)
13194 US Hwy 301 S. #406 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
James Ray Slovole at (813) 917-8677 (Name of Person) (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

l, _	Edward	Beaud	νων Λε, hereb	resign as	lice Presiden	H Direce	lor
of_	Island	Lisc (Name	Commerce of Corporation)	ial Con	istruction, C	erp.	
<u>Pc</u>	(Document Number,	,74			r the laws of the Sta		
	Florida			·	Ā	2009 SE	
		<u> </u>	Signature of resigning	officer/director	L AMP	2019 APR -1 PM 3:	FILED
						器 2	:

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