## P08000009674

(Requestor's Name)
(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



700212583747

09/28/11--01005--007 \*\*35.00

SEGRETARY OF STATE OF STATE OF CORPORATION OF CORPORATION

C.COULLIETTE
SEP 29 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: Island Life Connected Construction (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: PPB ØØØØØØ9674
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Adam Scott (Name of Person)
(Name of Person)
(Name of Firm/Company)
5618 SAMES CT (Address)
(Address)
TAMPA F 33611 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Adam Scott at (613) 393-0439 (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

CR2E044(08/05)

TO:

**Amendment Section** 

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Adam Scott, hereby resign as D	
of Island Life Commount Construction, Corp	,
(Name of Corporation)	
P SOUND 9674, a corporation organized under the laws of the State of (Document Number, if known)	
Florida.	
Signature of resigning officer/director)	
(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 11 SEP 28 PM 1: 39