PC9000001775

(Request	or's Name)	
(Address)	
(Address	`	
(Address)		
(City/Stat	e/Zip/Phone #)	
	. –	
PICK-UP	WAIT MA	IIL.
(Business Entity Name)		
(=======	,,	
(Docume	nt Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing	Officer	
Special Instructions to Filing	Officer:	

Office Use Only

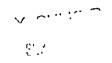


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TO STANKY OF STAILE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Islandside Enterprises Inc			
SUBJECT:	- 01 - CA		
	(Name of Co	orporation)	
DOCUMENT NUMBER: P0900000177:	5		
The enclosed Officer/Director Resignation	on for a Corpora	ation and fee are submit	ted for filing
Please return all correspondence concern	ing this matter	to the following:	
Lynn Rothenbach			
(Name of Person)			
Islandside Enterprises Inc			
(Name of Firm/Compan	y)		
13966 Pine Woods Ln E			
(Address)			
Sarasota, FL. 34240			
(City/State and Zip Cod	e)		
For further information concerning this r	natter, please ca	all:	
Lynn Rothenbach	941	302-3347	
(Name of Person)	at (Area	Code & Daytime Telepho	ne Number)

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Russell Rothenbach, Sr	Secretary
l ,	hereby resign as
7	(Title)
Islandside Enterprises Inc	
of	
(Na	me of Corporation)
P09000001775	
	, a corporation organized under the laws of the State of
(Document Number, if known)	, a corporation organized and or the laws or the outle of
Florida	
1101100	
	 -
<i>(</i> ,)	
	1/1/1/1/1/
- Punti	W/ 18UADOV
	(Signature of resigning officer/director)
	70.7

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail-los

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314