## P98000028503

(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
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Office Use Only

10, 8.30,00



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## **COVER LETTER**

SUBJECT: Rum Island Develo	opment Inc
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P9	8000028503
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
Phillip Vincent Roy	
(Name of Pe	rson)
Rum Island Development Inc	
(Name of Firm/C	Company)
8139 Carmona St	
(Address	3)
Navarre Florida 32566	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
Phillip V Roy	at ( 850 ) 217-0572
(Name of Person)	at ( 850 ) 217-0572 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as President, VP,Sec/Tres	<del>}</del>
	,
•	
·	-2
06 P.C	SECRETAL PARTY
Signature of resigning officer/director)	A 28 PM II
	c e of Corporation), a corporation organized under the laws of the State of

## 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