P90000/16652

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TRANSMITTAL LETTER

A. K. NURSERY INC. **SUBJECT:** (Name of Corporation) P00000116652 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 1. Sun We, Esq. (Name of Person) 1. SUN WE, P.A. (Name of Firm/Company) 2699 Lee Road, Suite 485 (Address) Winter Park, FL 32789 (City/State and Zip Code) For further information concerning this matter, please call: I. Sun We (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section
Division of Corporations Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section
Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, KI-YEO	N NAM	, hereby resign as_	Vice President and Secretary (Title)
of	A. K. NURSE		,
	(Name of Corp	ooration)	
(Document Num	er, if known)	orporation organized ur	nder the laws of the State of
FLORIDA			
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	Ki Kon (Signatu	Many re of resigning officer/direc	ASSEE, FLS
			ORIO

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