(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
•		
•	ty/State/Zip/Phor	ne #)
· 	_	_
PICK-UP	☐ WAIT	MAIL
	•	
(Bı	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
	•	
Special Instructions to	Filing Officer	
opoolar metraotrone to	Timing Official	ļ
		İ
		1

Office Use Only



900136723099

10/08/08--01008--019 \*\*35.00

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: AKU HOME S (Name of Corporation)			
(Name of Corporation)			
DOCUMENT NUMBER: P 0 4 0 0 0 0 5 / 0 / 8			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
$\frac{PNOLEAKEPICS}{\text{(Name of Person)}}$			
(Name of Firm/Company)			
1108 PONDEROSA PÍNE CN (Address)			
SARASOTA FC 34243 (City/State and Zip Code)			
For further information concerning this matter, please call:			
ANDREA KENICS at (94) 284-6260 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State.			

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, LASTO VAROS	hereby resign as	OFFICER (Title)
of	OKV HONES INC. (Name of Corporation)	
P0400051018 (Document Number, if know	, a corporation organized under	the laws of the State of
FLORIDA	·	
		ZOOD OCT - SECRE IAH FALLAHASI
	(Signature of resigning officer/director)	₩
		OF STATE

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