

P01000115293

(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



100023439771

10/03/03--01044--005 **35.00

THE

03 OCT -3 AM 8:45

SECRETARY OF STATE
WASHINGTON, D.C. 20520

PO100015293
OTD for 12-3-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Xikoh Inc.

(Name of Corporation)

DOCUMENT NUMBER: P01000115293

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Kohanyi

(Name of Person)

Xikoh Inc

(Name of Firm/Company)

4729 Whispering Wind Ave.

(Address)

Tampa Fl. 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Kohanyi

(Name of Person)

at (813) 744-1471

(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

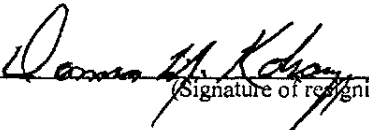
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Donna M. Kohanyi, hereby resign as VST
(Title)

of Xikoh Inc.
(Name of Corporation)

P01000115293, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
03 OCT -3 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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