P02000083486

•								
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
<u> </u>								
Special Instructions to Filing Officer:								

Office Use Only



100078563611

08/17/06--01010--016 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

יירנט

My Rosegn

C. Coulliette AUG 2 3 2006

COVER LETTER

Division of Corporations
SUBJECT: Hawkio, Inc. (Name of Corporation)
DOCUMENT NUMBER: POZOOO 83486
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert W. Wright (Name of Person)
(Name of Firm/Company)
1621 Paloma Lane (Address)
Dunedin, FL 34698 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (777) 576 5001 X.119 (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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Robert	W. Wrigh	t, here	by resign as	Director	/Office	<u>:</u>
of	Hau	s Kio, Inc.	Corporation)				_,
P	Document Nun	134 86 aber, if known)	a corporation	organized unde	er the laws of the	e State of	
	Florid	la.				•	
	v .	(Sig	Mature of resignin	ng officer/directo	r)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	PILED 2006 MIC IS

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