

P03000027207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

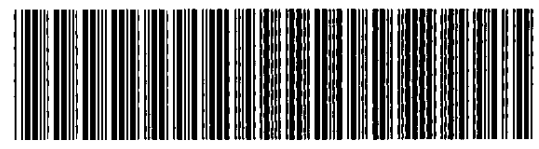
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOPAKA INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000027207

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 WILSON
(Name of Person)

LOPAKA INC.
(Name of Firm/Company)

197 DIANE CIRCLE
(Address)

INDIALANTIC, FL. 32903
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA WILSON at (954) 292-4286
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

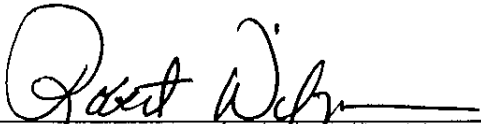
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROBERT WILSON, hereby resign as DIRECTOR / 3
(Title)

of LOPAKA, INC.
(Name of Corporation)

P03000021207, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUN 24 PM 12: 29