

P03000027207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

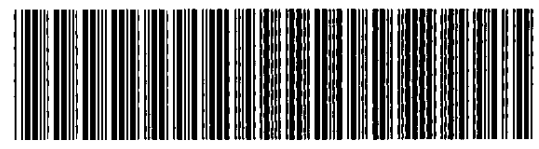
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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@ 6/24/10

**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

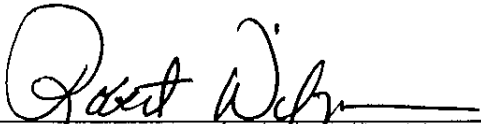
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

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