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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

Division of Corporations
SUBJECT: POlken, Inc. (Name of Corporation)
DOCUMENT NUMBER: VO400061700
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Markun (Name of Person)
(Name of Firm/Company)
343 Magellan Dr.
Sarasota Fl 34243 (City/State and Zip Code)
For further information concerning this matter, please call:
Adam Marken at (941), 7243917 (Name of Person) at (4762 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
$H = \mathcal{H}$ (i.e., $H = \{0, 1, \dots, M\}$), where $H = \{0, \dots, M\}$ (i.e., $H = \{0, \dots, M\}$).

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Adam Marken hereby resign as Vice President
of Polken, Inc. (Name of Corporation)
Po400061760 a corporation organized under the laws of the State of (Document Number, if known)
- Florida -
Signature of resigning officer/director) 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