

PO9000063/75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

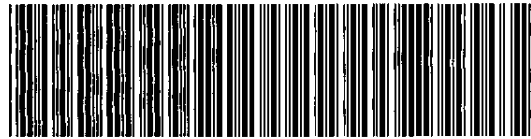
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O/D  
Resign.

11/17/10  
DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aarson Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000063175

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

Please return all correspondence concerning this matter to the following:

Brian David Dainis  
(Name of Person)

Aarson Inc.  
(Name of Firm/Company)

12143 Bethwood Ave  
(Address)

New Port Richey FL 34654  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Dainis at (215) 850-2806  
(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, Brian Doinis, hereby resign as IT and Development  
(Title)

of Aorson Inc  
(Name of Corporation)

PD 9000063175, 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

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