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TO: Amendment Division of C	
SUBJECT: AKIL	NC .
	(Name of Corporation)
DOCUMENT NUM	MBER:P11000032244
The enclosed Office	r/Director Resignation for a Corporation and fee are submitted for filing
Please return all cor	respondence concerning this matter to the following:
RAVI SHARMA	
	(Name of Person)
(1	Name of Firm/Company)
2600 N W AVE \	
	(Address)
WINTER HAVEN	FL 33881
(0	City/State and Zip Code)
For further informat	ion concerning this matter, please call:
RAVI SHARMA	at (727) 637 6678 ne of Person) (Area Code & Daytime Telephone Number)
(Nan	ne 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 Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions Division of Corporations Post Office Box 6327 ter Circle Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. RAKESH GUPTA	, hereby resign as
	(Title)
of_ AKIL INC	
(Nan	ne of Corporation)
P11000032244 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	·
·	0 0
	Rower
	(Signature of resigning officer/director)
·	# Present the second se

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