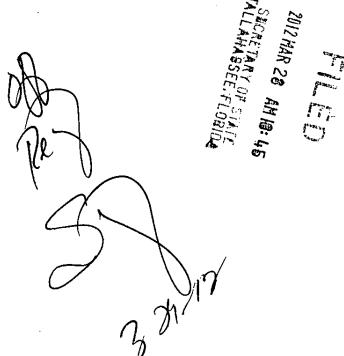
(Requestor's Name)			
(Address)	3002261		
(Address)  (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	03/28/120		
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
	ECT: A.K.N., INC (Name of Corporation)  JMENT NUMBER: \$9300005138				
DOCU	JMENT NUMBER: 19300005138				
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Please	return all correspondence concerning this matter to the following:				
	Bina Kalidas.  (Name of Person)  8788 Ft Jefferson Blud & A.K.N., INC  (Name of Firm/Company)				
	3788 Ft Jefferson Blvd (Address)				
	Orlando FL - 32822.  (City/State and Zip Code)				
For fu	rther information concerning this matter, please call:				
	Bing Kalidas at (321) 663 5905.  (Name of Person) (Area Code & Daytime Telephone Number)				
Enclos	sed 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

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Bina	Kalidas.	, hereby resign as	S D (Title)	_
of_		A.K.N.	INC. of Corporation)		,
		0005138 Number, if known)	, a corporation organized unde	er the laws of the State of	
	FLO	ORIDA			
			ignature of resigning officer/director)	TALLAHASSEE, FLOR	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314