

P95000003017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NAKK Medical Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000003017

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

Please return all correspondence concerning this matter to the following:

Anna M Rahusen

(Name of Person)

(Name of Firm/Company)

1502 San Marco Dr - Apt 304

(Address)

Ormond Beach, FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Anna M Rahusen, hereby resign as SD  
(Title)

of Naak Medical Inc.  
(Name of Corporation)

P95000003017, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Anna M. Rahusen  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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