521254

(Requestor's Name)	
(Address)	
(Hadross)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Social Control)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100343306461

04/21/20--01018--017 **35.00

S TALLENT MAY 05 2020)20 APR 21 AM II: 03

UN Resign

TRANSMITTAL LETTER

SUBJECT:	Akman Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	S21254
The enclosed Officer/Director Resignati	ion for a Corporation and fee are submitted for filing
Please return all correspondence concer	ning this matter to the following:
Jason Akman	
(Name of Person)	
Akman Inc.	
(Name of Firm/Compa	ny)
1291 Newfound Harbor Dr. (home)	
(Address)	
Merritt Island, FL 32952	
(City/State and Zip Coo	de)
For further information concerning this	matter, please call:
Jason Akman	407 538-7589
(Name of Person)	at (407 538-7589 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made page	yable to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Beatrice Akman L	VP and Secretary, hereby resign as	
41	(Title)	
Akman, Inc.		
	(Name of Corporation)	
S21254	, a corporation organized under the laws of the State of	
(Document Number, if known) '	
Florida		
	·	
	(Signature of resigning officer/director) RPR 2 AM 1 1 1 1 1 1 1 1 1 1 1 1 1	
i	(Signature of resigning officer/director)	
	21	

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