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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

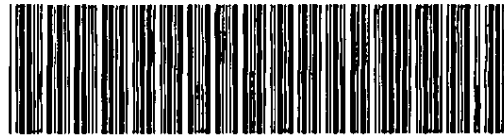
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD Res.
SP
2/5/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASAP Processing Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Michael J. Wallace, Esq.
(Name of Person)

Michael J. Wallace, Esq.
(Name of Firm/Company)

6522 Basile Rowe
(Address)

East Syracuse, New York 13057
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Wallace, Esq. at (315) 432-5270
(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

ASAP Processing Services, Inc.

6522 B Basile Rowe
East Syracuse, New York 13057
(315) 432-5274 Fax: (315) 410-5462

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

January 27, 2008

Re: Officer Resignation; Christine Hirsh Henning, President

Dear Sir,

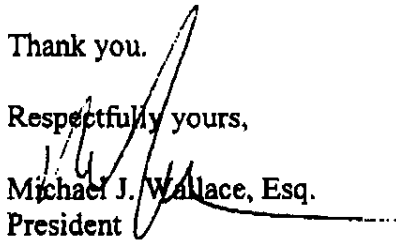
Enclosed please find the following:

1. Cover Letter;
2. Executed resignation;
3. Our check in the amount of \$ 35.00 payable to Florida Department of State.

We request that you file the aforesaid resignation.

Thank you.

Respectfully yours,


Michael J. Wallace, Esq.

President

MJW/thb

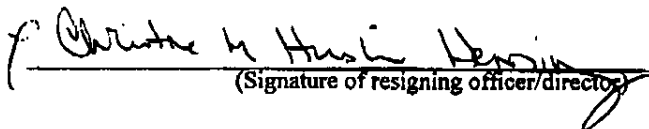
Encs.

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Christine H Henning, hereby resign as President
(Title)

of ASAP Processing Services, Inc.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
New York


(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