## F02000000987

(Requestor's Name)		
(Address)	<del></del>	
(Address)		
(City/State/Zip/Phone #)	<del></del>	
PICK-UP WAIT MAI	L	
(Business Entity Name)	<del></del>	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

of the alle



300022872633

09/15/03--01042--007 \*\*35.00

03 SEP 15 PM 2: 19

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	,
SUBJECT: Asset Acceptance Corp.  (Name of Corporation)	
(Name of Corporation)	
DOCUMENT NUMBER: F0200000987	<u>Par</u>
The enclosed Officer/Director Resignation for a Corporation and fee are subm	nitted for filing.
Please return all correspondence concerning this matter to the following:	
Heather Reitzel	·
(Name of Person)	
Asset Acceptance Corp.	
Asset Acceptance Corp.  (Name of Firm/Company)	
6985 Miller Rd. (Address)	
Warren, MI 48090-4725	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Rodolfo J. Miro at ( 813 ) 490-6010	***
Rodolfo J. Miro at (813 ) 490-6010  (Name of Person) (Area Code & Daytime Telep	hone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of Sta	ate.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Heather Reitzel	, hereby resign as Director	(Title)
of Asset Acceptance Corp.	me of Corporation)	· · · · · · · · · · · · · · · · · · ·
F02000000987  (Document Number, if known)	, a corporation organized under the law	s of the State of
Florida		- -
1/_	(Signature of resigning officer/director)	O3 SEP 15

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