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| (Requestor's Name) | | | | | | | | |
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| (Address) | | | | | | | | |
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| (Cit | ty/State/Zip/Phon | e #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | | |
| (Bu | siness Entity Nar | me) | | | | | | |
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| Certified Copies | s of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: AAA Promotions, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: F0 4.000001702 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Connie King (Name of Person) |
| AAA Promotions Inc. (Name of Firm/Company) |
| 1500 W. Cypress Creek Rd Suite 303 (Address) |
| Fort Lauderclate, FL 33309 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Juine A. Smicklin, Esq. at (954) 229-2468 (Name of Person) 0 (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 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Ι, | Cliff | Kin | 9 | _, hereby resign as_ | Director, | Secvet (Title) | any | + Trec | suver |
|-----|--------------|------------------------|----------------------------------|-------------------------|-----------------|-------------------|----------|--------|----------|
| of_ | AA | ra : | Promotions (Name of Corporati | Inc. | | | | _, | |
| FO | (Document Nu | 1702 Imber, if know | , a corpo | ration organized un | der the laws of | the State | of | | <u>:</u> |
| ^ | lany) and | <u> </u> | · | | | SECRI FALL AI | 07 DEC 3 | | |
| | | | | • | | CRETARY | ***** | | |
| | | | | 1/6 | | OF STAT | PM 2: 06 | | |
| | | | Stature of | resigning officer/direc | tor) | ञ्चल | 9 | | |

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