N0700005469

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City)	/State/Zip/Phon	
(City	/State/Zip/Filon	e #)
PICK-UP	☐ WAIT	MAIL
(Pue	iness Entity Na	mo)
(Dus	mess chuty iva	mej
(Doc	ument Number	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
·	•	
		İ
	Office Use Or	nly
<u>,</u>		



600149857786

Of Ogucer 04/15/09--01010--019 **35.00

2009 APR 15 PH'4: 50
SECRETARY OF STATE

AOR 4/16/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Access Connection, Line. (Name of Corporation)
DOCUMENT NUMBER: No 700000 5469
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Dora Jones (Name of Person)
Acres 5 Connection, Sinc- (Name of Firm/Company)
611 Broadway Avenue (Address)
ORlando, FC 32803 (City/State and Zip Code)
For further information concerning this matter, please call:
Dora Jones at (407) 748-0236 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2009 APR 15 PH 4:50

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

<u>Carlos</u> T	Roman	, hereby resign as	Director (Title)
f Access Co	nnection (Name of Co	Jnc ·	
1 0 700005 (Document Number	(469, a., a., a., a., a., a., a., a., a., a.	corporation organized u	nder the laws of the State of
Florida			
		Blades & Borner	
	(Signa	ture of resigning officer/dire	

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