

PO1000004783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TS 4/1/08  
PO

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Access Insurance Planners, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: PO1000004783

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Zaden, Esq.  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

2850 N. Andrews Ave.  
(Address)

Wilton Manors, FL 33311  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Zaden at (954) 568-7000  
(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

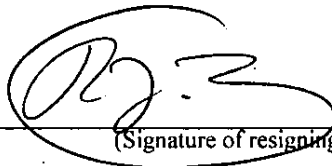
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Richard Zaden, hereby resign as Director  
(Title)

of Access Insurance Planners, Inc.  
(Name of Corporation)

P01000004783, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(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

**FILED**  
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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**