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From:	Account Name : DAVIS, SCHNITKE Account Number : I19980000057 Phone : (850)973-4186 Fax Number : (850)973-8564	R, REEVES & BRO	WNING, P.A.	
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TRANSMITTAL LETTER (((H21000P10524 3)))

Tallahassee, FL 32303

TO: Amendment Section Division of Corporations	
SUBJECT: ASAAP, INC.	(Name of Corporation)
DOCUMENT NUMBER: P02000112468	
	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	
COOPER L. WELCH	
(Name of Person)	<u></u>
ASAAP, INC.	
(Name of Firm/Company)	
, ,	
2411 NE OLD BLUE SPRINGS ROAD (Address)	
LEE, FLORIDA 32059	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
COOPER L. WELCH	
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	le to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

(((H21000110524 3)))

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

BUFFEY L. SQUIRES	DIRECTOR/PRESIDENT, hereby resign as
	(Title)
ASAAP, INC.	,
(Ni	ame of Corporation)
P02000112468	, a corporation organized under the laws of the State of
(Document Number, if known)	·
FLORIDA .	
	s e e e e e e e e e e e e e e e e e e e
But	H. La.
- Cary	(Signature of resigning officer/director)
V	
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•	SEE FL

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