Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		: (850)617-6380		
	Tax Hamber	. (050)01. 0000		
From:				
	Account Name	: DAVIS, SCHNITKER, REEVES & BROWNING,	P.A.	
	Account Number	: 119980000057		
	Phone	: (850)973-4186		
	Fax Number	: (850)973-8564		
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Corporate Filing Menu

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MAR 2 . 2021

(((H21000110539 3)))

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT:
(Name of Corporation)
DOCUMENT NUMBER: P02000112468
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COOPER L. WELCH
(Name of Person)
ASAAP, INC.
(Name of Firm/Company)
2411 NE OLD BLUE SPPRINGS ROAD
(Address)
LEE, FLORIDA 32059
(City/State and Zip Code)
For further information concerning this matter, please call:
COOPER L. WELCH at ((Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(((H21000110539 3)))

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or	617.1509,
Florida Statutes, the undersigned,	BUFFEY L. SQUIRES	
Tional Balaces, are analysis,	(Name of Registered Agent)	
hereby resigns as Registered Agen	ASAAP, INC.	
ticieby lesigns as Registered Agen	(Name of Corporation)	
P02000112468		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last	known address.
The agency is terminated and the chis statement is filed.	office discontinued on the 31st day after the	late on which
- Bug	Hey Squen	<u>-</u>
U	(Signature of Assigning Agent)	~->
If signing on behalf of an entity:	V	3
		::: :::
	(Typed or Printed Name)	
		AHIII
	(Capacity)	— []E

Fee for filing this document:

S87.50 - Active Corporation
 S35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314