

PD3000092239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

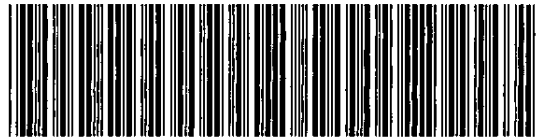
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A.P.P. Management, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000092239

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

Please return all correspondence concerning this matter to the following:

Delaila J. Estefano

(Name of Person)

Estefano & Associates, P.A.

(Name of Firm/Company)

9200 S Dadeland Blvd Suite 204

(Address)

Miami, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Delaila J. Estefano

(Name of Person)

at ( 305 ) 670-1310

(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**


**FILED**  
2007 NOV -9 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Jorge R. Figueredo, hereby resign as President  
(Title)

of A.P.P. Management, Inc.  
(Name of Corporation)

P03000092239, 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