## P04000015025

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800040016268

09/03/04--01067--004 \*\*35.00

4 SEP -3 PM 2: 40

## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: AAA Reconnect, Inc		
Sobster,	(Name of Corporation)	
DOCUMENT NUMBER: P040	00015025	
The enclosed Officer/Director Resig	nation for a Corporation and fee are subm	itted for filing.
Please return all correspondence con	cerning this matter to the following:	
Jessica Geroux		
(Name of Perso	on)	
AAA Reconnect, Inc.		
(Name of Firm/Con	npany)	
PO Box 10091		_
(Address)		1 4 C
Brooksville, Fl 34603		SEP -3 PH
(City/State and Zip	Code)	ASS LE
For further information concerning the	his matter, please call:	O4 SEP -3 PH 2: 40 TALLAHASSEE, FLORID TONE Number)
Jessica Geroux	at ( 352 ) 585-0140	1. 10 1. 10
(Name of Person)	(Area Code & Daytime Teleph	one Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of Stat	e.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L Jessica Geroux	hereby resign as Pres	(Title)
ofAAA Reconnect, Inc.	AT	
P04000015025	(Name of Corporation)	
F 040000 13023	, a corporation organized under th	a laws of the State of
(Document Number, if known)	, a corporation organized ander an	e laws of the State of

(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