

PO6000054655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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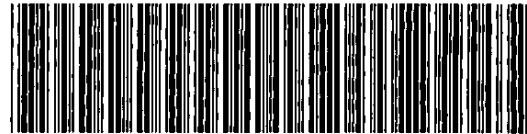
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

SUBJECT: AAGAP CONSULTANTS INC
(Name of Corporation)

DOCUMENT NUMBER: P06000054655

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

Please return all correspondence concerning this matter to the following:

AARON WILLIAMS

(Name of Person)

AAGAP CONSULTANTS INC

(Name of Firm/Company)

2400 ML KING ST S UNIT C

(Address)

ST PETERSBURG FL 33705

(City/State and Zip Code)

For further information concerning this matter, please call:

AARON WILLIAMS

(Name of Person)

at (727) 647-3949

(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:

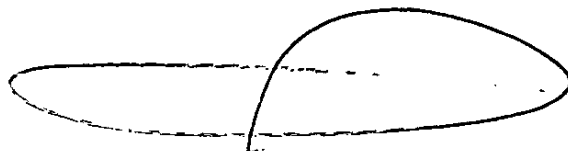
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GARY PONDER, VICE PRESIDENT, hereby resign as VICE PRESIDENT
(Title)

of AAGAP CONSULTANTS INC
(Name of Corporation)

P06000054655, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA



(Signature of resigning officer/director)

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06 JUL 17 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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