

P100000017163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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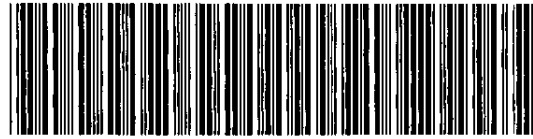
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASSOCIATES INCORPORATED GROUP  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000017163

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

Please return all correspondence concerning this matter to the following:

Lucas McNickle

(Name of Person)

ASSOCIATES INCORPORATED GROUP

(Name of Firm/Company)

3701 SW 17 ST

(Address)

FORT LAUDERDALE FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCAS MCNICKLE

(Name of Person)

at ( 954 ) 615-8853

(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

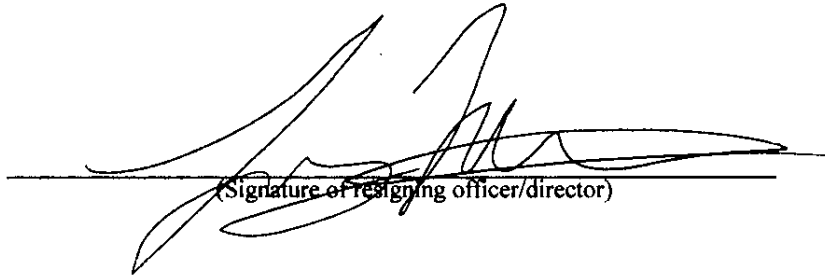
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LUCAS MCNICKLE, hereby resign as VICE PRESIDENT  
(Title)

of ASSOCIATES INCORPORATED GROUP,  
(Name of Corporation)

P10000017163, 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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS