

**P1000000 81752**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

11:20 2019

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AD-ZP INC  
(Name of Corporation)

DOCUMENT NUMBER: P10000081752

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

Please return all correspondence concerning this matter to the following:

BENEE ZAPATA  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1396 SW 160 Ave Suite 3  
(Address)

Sunrise, FL 33326  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at ( 954 ) 349-0503  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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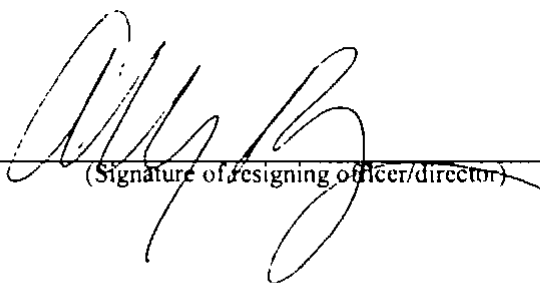
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ABBY M. DOGANIERT, hereby resign as PRESIDENT  
(Title)

of AD-ZP, INC.  
(Name of Corporation)

P10000081752, 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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