F01000005629

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
	usiness Entity Nar	me)
(Da	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



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RA Resig.

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CT CORPORATION

January 11, 2005

RE: AMSA, INC. (TN. DOM.)

FORWARD AGENCY, INC. (NJ. DOM.) LOTSOLOX ENTERPRISES (CA. DOM.) WRIGHT & LOPEZ (GA. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is <u>1</u> check in the amount of \$140.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, w enclose a stamped self-address envolepe.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (ld)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:ld
Enclosure
111 Eighth Avenue
New York, NY 10011
Tel. 212 894 8940
Fax 212 590 9180

SLCRETARY OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT 20 PM 2:51 FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	AMSA, INC. (TN. DOM.)		
	(Name of Corporation)		
F01000005629			
(Document Number, if known)			
A copy of this resignation was mailed to	o the above listed corporation at its last known address.		
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which		
The	Chu		
(Signature/of/Resigning Agent)			
If signing on behalf of an entity:			
C T CORPORAT	TION SYSTEM - THERESA ALFIERI		
(Typed or Printed Name)		
ASS	SISTANT SECRETARY		
	(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314