F96000006230

(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



300239774623

09/24/12--01014--017 **87.50

RA Resign

SEP 2 5 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations		
AMERICAN MORTGAGE EXPRESS CORP		
(Name of Corporation) F9600006230		
DOCUMENT NUMBER: F96000006230		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ROBIN MOLT		
(Name of Person)		
Corporaiton Service Company		
(Name of Firm/Company)		
80 State Street		
(Address)		
Albany NY 12207		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Robin Molt (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

液 SEP 24 PM 4: 23

SEGSETAVY 7 STATE. TALLAHASSTERBORIDA

Pursuant to the provisions of sections 607	7.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Corporation Service Company		
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	AMERICAN MORTGAGE EXPRESS CORP.	
mereby resigns as registered rigent for	(Name of Corporation)	
F96000006230		
(Document Number, if known)	-	
A copy of this resignation was mailed to t	the above listed corporation at its last known address.	
this statement is filed. Corporation Serv	iscontinued on the 31st day after the date on which vice Company Authorities (Company Agent)	
If signing on behalf of an entity:		
Robin Molt		
(T)	yped or Printed Name)	
asst 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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