

L03000022220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

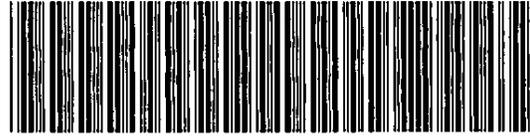
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 MAY 01 AM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 02 2013
D. BRUCE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amtec LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000022220

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Cheli
Name of Person

Carpenter & Berger PL
Name of Firm/Company

6400 N Andrews Ave #370
Address

Fort Lauderdale, FL 33309
City/State and Zip Code

ccheli@carpenterberger.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Cheli at (954) 772-0121
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 21 AM 12:12

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Joseph E Carpenter Jr., hereby resigns as

Name of Registered Agent

Registered Agent for **Amtec LLC**

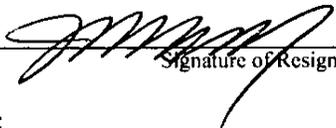
Name of Limited Liability Company

L03000022220

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2013 MAY 31 AM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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