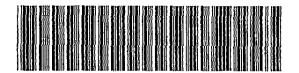
(Rec	uestor's Name)	
(Add	Iress)	
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(City	/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
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January 23, 2007

ANTONY PASSERI 3534 HARLEAN CIR TAMPA, FL 33607

SUBJECT: FLUID MOBILE NOTARY, LLC

Ref. Number: L05000057057

We have received your document for FLUID MOBILE NOTARY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct document to match our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Letter Number: 007A00005374

Gina McLeod Document Specialist

COVER LETTER

TO: Registration Section Division of Corporations	3
SUBJECT:	AHM, LLC.
•	(Name of Limited Liability Company)
The enclosed member, managing filing.	g member or manager resignation and fee(s) are submitted for
Please return all correspondence	concerning this matter to:
Anthony Pass	SCAI
•	any)
3534 Harken (Address)	n circle
	Cip Code)
For further information concerni	ing this matter, please call:
Michael Harrzog (Name of Contact Perso	at (727) 639 - 4239 on) (Area Code & Daytime Telephone Number)
•	ade payable to the Florida Department of State for: \$\int\text{X}\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDREST Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company a	Notary, uc	Florida Department
	pility company was organized		
3. The Florida doc		of this limited liability company is	:
	/dme of Person Resigning) bility company and affirm t	he limited liability company has be	Mrint (tite)
Signature of Res	igning Member, Managing l	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	-	SECRETARY OF SEAL DIVISION OF CORNERS SEAL OF SEAL SEAL SEAL OF FEB -9 AM 9: 5
CR2E079 (5/06)			ON THE STATE OF TH