# L06000078172

(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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11/30/09--01006--022 \*\*25.00



C. LEWIS

Jan. 14, 2009

EXAMINER

#### **COVER LETTER**

TO:

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
SUBJECT: AMC ADULT PRODUCT	
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
JOSEPH DALEO	
(Contact Person)	
(Firm/Company)	<del></del>
7511 SW 187TH STREET	
(Address)	
CUTLER BAY, FL. 33157	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
JOSEPH DALEO	ut (954 <sub>)</sub> 205-3067
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
- ON FILE	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



### FILED

2010 JAN 13 AM 1 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as i	t appears on the records of the Florida Department IONS, LLC.
2. This limited liabi	lity company was organized	under the laws of:
3. The Florida docu L06000078	_	this limited liability company is:
<sub>4. I,</sub> JOSEPH S		, hereby resign as a MGRM
(Print Na	me of Person Resigning)	(Print Title)
resignation in writ		limited liability company has been notified of my  ember or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	` • ·	

CR2E079 (5/06)