## 407000006554

(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:			
A. LUNT JUN 0 3 2008			
EXAMINER			

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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: AmState, LLC	
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
Brad Reddick	TALL TALL
(Contact Person)	ALLAHASSEE, FLORIDI
(Firm/Company)	OF ST
5271 Stratford Ct	ATE 5
(Address)	<b>&gt;</b>
Cape Coral, Fl 33904	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Brad Reddick	at(_239) 872-9257
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	<b>MAILING ADDRESS:</b>
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	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

l. The name of the l of State is: Am	imited liability company as it State, LLC	appears on the records		rtment
2. This limited liabil Florida	lity company was organized u	nder the laws of:	MAY 30 P 1: METARY OF STA AHASSEE, FLOR	
3. The Florida document	ment/registration number of tl 35543	nis limited liability com	ORIUN ORIUN opany is.	
4. I, Bradford	B Reddick	, hereby resign as a	Manager	
(Print Na	me of Person Resigning)		(Print Title)	
resignation in write	ility company and affirm the ling.  Black American Member, Managing Member, Managing Member		ny has been notified	of my
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			