

LO80000 22848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

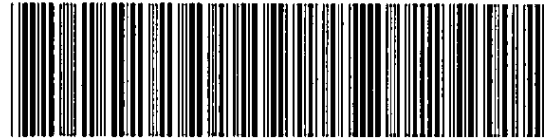
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300333128173

08/14/19--01016--001 **35.00

FILED
2019 AUG 14 AM 10:39
SOUTHERN DISTRICT OF CALIFORNIA
FBI

Y SULKER

AUG 19 2019

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Patricia Lebow, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for AMS ONE, LLC

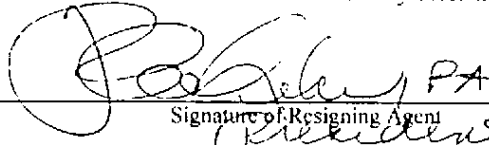
Name of Limited Liability Company

L08000022848

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:

Patricia Lebow, P.A.

Typed or Printed Name

President

Capacity

2015 AUG 14 AM 10:33
FILED
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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