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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to 1 lining Officer.					

Office Use Only



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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statu	ites, the undersigned,				
Patricia Lebow, P.A	٦.	hereby resigns a	, hereby resigns as			
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Registered Agent for A	MS TWO, LLC				-	
	Name of Limited Liability Con	npany			٠	
L08000022854						
Document Ni	imber, if known					
A copy of this resignation	on was mailed to the above listed lim	nited liability company at its la	st known ac	ddress.		
The agency is terminate	d and the office discontinued on the	31st day after the date on which	ch this state		s filed.	
If signing on behalf of a	n entity:		三百	19		
	Patricia Lebow, P.A.			19 <i>AU</i> S	77	
	Typed or Printed N	ame		<u>.r</u>		
	President		;~· (,	 	.77	
	Capacity		#314013 #2047	3 9: N !	J	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

FILING FEES:

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\$ 25.00 Administratively dissolved/ withdrawn limited liability company

Tallahassee, FL 32314