

208 000022867

(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



400332765654

08/14/19--01017--012 \*\*25.00

FILED  
19 AUG 14 AM 9:00  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

AUG 20 17

T SCHROEDER

# 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 FOUR, LLC

Name of Limited Liability Company

L08000022867

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

FILED  
19 AUG 14 AM 9:03  
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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