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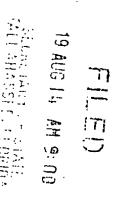
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AMB 2017 SOLMOEDER

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the ur	ndersigned,			
Patricia Lebow, P	, hereby resigns as				
	Name of Registered Agent		,		
Registered Agent for	AMS FOUR, LLC	·			_
	Name of Limited Liability Company				<u></u> ،
L08000022867					
Document 1	Number, if known				
A copy of this resignat	tion was mailed to the above listed limited liabil	ity company at its las	t known a	ıddress	5.
The agency is termina	ted and the office discontinued on the 31st day a	ifter the date on which	h this state	ement	is filed
	Signature of Resigning A	Coll PA	ALL SHARE	19 AUG LI	
If signing on behalf of	an entity:		(17)		ا
	Patricia Lebow, P.A.			120	E)
	Typed or Printed Name President	-	CAID?	ë. U :6	
	Capacity				

FILING FEES: \$ 85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314