L08000080012

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		·			
		İ			





100236222761

08/29/12--01001--007 **25.00

12 AUG 29 PH 2: 31
SECRETARY OF STATE
TALLAHASSEELFLORIDA

PPROVED AND FILED

D. BRUCE AUG R 0 2012 EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: American Mortgage Field		
(Name of Limited L	Liability Company)	
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
Dean Counce		
(Contact Person)		
American Mortgage Field Services	TALE :	
(Firm/Company)	CRE AH	
4242 Braemere dr	ASSE	
(Address)	E.F.	
Springhill, FL 34609	ORIGINAL	
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
Dean Counce at (₍ 352 ₎ 3975515	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	\$55 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: All	erican Mortgage Field S	DEI VICES, LLC			_•
2. This limited liab Florida	ility company was organized un	der the laws of:	SECRETA TALLAHA	12 AUG 29	AP
3. The Florida doc 	ument/registration number of thi	s limited liability company is:	IRY OF 5 IA SSEE, FLOR	9 PH 2: 3	AND
_{4. I,} John F Co	leman III	, hereby resign as a Manag	er∰	-	
	ame of Person Resigning)	(Pr	int Title)		-
of this limited lia resignation in wr	bility company and affirm the liniting.	mited liability company has bee	n notified	d of m	ıy
\mathbb{R}	SCLW	•			
Signature of Res	gning Member, Managing Mem	ber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				