

LO8000080012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

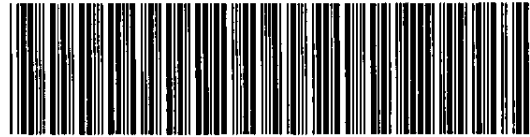
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

OCT - 8 2012

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN MORTGAGE FIELD SERVICES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000080012

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Stanfield  
Name of Person

The Hogan Law Firm  
Name of Firm/Company

20 So. Broad Street  
Address

Brooksville, FL 34601  
City/State and Zip Code

councedeane@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Stanfield at ( 352 ) 799-8423  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2012 OCT -5 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

THE HOGAN LAW FIRM, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for AMERICAN MORTGAGE FIELD SERVICES, LLC


Name of Limited Liability Company

L08000080012

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:

Deborah Hogan, Esq.

Typed or Printed Name

Manager

Capacity

### 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

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2012 OCT -5 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA