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RA Resign Neuro 10-9-09

GEORGE L. ROMANACCE, ESQ.

355 BRASSIE DRIVE • LONGWOOD, FL 32750

MEMBER FL & NJ BAR

FL Office: 407-260-5292 - Fax: 407-260-5953

CELL: 973.951.0106

E-mail: glromanacce@hotmail.com

REPLY TO:

Above Address **□ 45 BLOOMFIELD AVENUE** BLOOMFIELD NJ 07003

973.951.0106 NJ Fax: 973.743.0278

October 5, 2009

Florida Department of State AMENDMENT SECTION **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

via 1st Class Certificate of Mailing

RE:

AML MARKETING GROUP, LLC Document Number: L09000072927 RESIGNATION OF REGISTERED AGENT

Dear Sirs/Madam:

Please find herewith enclosed, two (2) Originals of Resignation of Registered Agent for a Limited Liability Company and fee submitted for filing. With the exception of all other mailings and notices to be forwarded to the below address. I respectfully request that you return an Original of form stamped filed to this office in the stamped self-addressed envelope provided.

Please return all other correspondence concerning this matter to the following:

ANTONIO M. LEAL & YILDA B. LEAL AML MARKETING GROUP, LLC 12132 CALLISTA COURT ORLANDO, FLORIDA 32825

E-mail: antoniomleal@msn.com

For further information concerning this matter, please call:

YILDA B. LEAL and/or ANTONIO M. LEAL at (321) 689-9600 and/or 407-383-3597

Enclosed as well is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company.

Thanking you for your prompt attention, I remain.

GLR/aa

Enclosures

cc: Mr. & Mrs. Antonio M. Leal (via cmrrr and 1st class certificate of mailing) 12132 Callista Court, Orlando FL 32825

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509, Florida St	atutes, the undersigned,
GEORGE L. R	ROMANACCE, ESQ.	, hereby resigns as
Name of Reg	gistered Agent	
		Q
Registered Agent for	AML MARKETING GROUP, LI	C 5 3
	Name of Limited Liability Company	y
Document Number, if known_	L09000072927	
	mailed to the above listed limited liabil dress via certified mail and first class c	
statement is filed. All future ma	ne office discontinued on the 31st day a ailings and notices regarding the above nio M. Leal and/or Yilda B. Leal, at:	
12132 CA	ALLISTA COURT, ORLANDO FL 32	<u>825</u> .
	Jenge J. Signature	of Resigning Agent
If signing on behalf of an entity	·: "	
	Typed or Printed Name	
	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