111000093758

(Re	equestor's Name)			
(Address)				
(Address)				
(Cil	ty/State/Zip/Phone	; #)		
PICK-UP	TIAW	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500303410725

09/29/17--01019--004 **25.00

9/24/17

7 SEP 28 AN 7: 2 SECRETARY OF STATE

- COVER LETTER

TO: Registration Section Division of Corporations			
	nited Liability Company		
DOCUMENT NUMBER: L11000093758			
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this	s matter to the following:		
Joanna Wolk			
Name of Person			
Name of Firm/Company			
57 FAIRWAY DRIVE			
Address			
EDMONTON, AB T6J2C-2 CA			
City/State and Zip Code			
E-mail address: (to be used for future annual report	notification)		
For further information concerning this matter.	please call:		
Joanna Wolk	780 905-6050		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	a Department of State for \$85.00 for an active limited vely dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Fl	iorida Statutes, the und	ersigned,	
Curtis Law Firm, LLC			, hereby resigns as	
	Name of Registered Agent		_ thereby resigns do	
Registered Agent for	Amberpol, LLC			
	Name of Limited	Liability Company	<u> </u>	,
L11000093758				
Document l	Number, if known	-		
		·	y company at its last known er the date on which this sta	
, no agone, no comme		enature of Resigning Agent	TALLAHA	17 SEP
If signing on behalf of	an entity:		SSE	LE 28
	Ryan C. Curtis		ļn T	
	Typed	or Printed Name		
	MGRM		Ē	22 7
	C	apacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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