(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
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COVER LETTER

SUBJECT:	AMPS Dow	ntown, L	LC		
	Name of Limited	Liability	Company		
DOCUMENT NUMBER:	OCUMENT NUMBER: L12000053489				
The enclosed Resignation of R for filing.	egistered Agent for a	a Limited	Liability Company and fee are submitte		
Please return all correspondenc	e concerning this ma	atter to th	e following:		
Kaitie S	perry				
Name of	Person				
Corporate I	Direct, Inc.				
Name of Fire	n/Company	<u>-</u>			
2248 Meridia	n Blvd., Ste H				
Addr	ess				
Minden, N	IV 89423				
City/State an	d Zip Code				
info@corpora	atedirect.com				
E-mail address: (to be used for	future annual report noti	fication)			
For further information concer	ning this matter, plea	ase call:			
Kaitie Sperry	at f	775	782-2201 Daytime Telephone Number		
Name of Person	at (<u> </u>	rea Code	Daytime Telephone Number		

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	of section 605.0115, Florida Statutes, the un	idersigned,		
Ge	erri Detweiler	_ , hereby resigns as		
Nar	me of Registered Agent			
Registered Agent for	AMPS Downtown, LLC	· · <u>-</u> · · <u>-</u> · · · <u>-</u> · · · · · · · · · · · · · · · · · · ·		
	Name of Limited Liability Company			
L1200005	3489			
Document Number	er, if known			
A copy of this resignation w	was mailed to the above listed limited liabil	ity company at its last known addi	ress.	
The agency is terminated ar	nd the office discontinued on the 31st day a	after the date on which this statement	ent is filed.	
	Herri Detweiler Signature of Resigning Age	TALL		
If signing on behalf of an er	ntity:	OC AH.	771	
	Gerri Detweiler		Ë	
	Typed or Printed Name		1:1	
	Registered Agent		O	
	Capacity	STATE LORIDA		

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

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company