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S. WARREN JUN 2 9 2017

COVER LETTER

TO: Registration Section Division of Corporations				
AMG Home Builders, LLC SUBJECT:Name	of Limited Liability	Company		
DOCUMENT NUMBER: L14000001	608			
The enclosed Resignation of Registered for filing.	Agent for a Limited	Liability Company and fee are submitted		
Pleaseareturn all correspondence concern	ing this matter to th	e following:		
- Angela Guerrero		. .		
Name of Person				
AMG Home Builders, LLC				
Name of Firm/Company	y			
10213 SW 1st CT				
Address				
Coral Springs, FL 33071				
City/State and Zip Code	2			
info@amghomebuilders.com				
E-mail address: (to be used for future annua	al report notification)			
For further information concerning this r	natter, please call:			
Angela Guerrero	954 at (661-5903		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida Department histratively dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREI	STREET ADDRESS:		
Registration Section		Registration Section		
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruistant to the provisions of section 603.0113, Profita Statutes, the undersigned,		
Angela Guerrero	, herel	by resigns as
	Name of Registered Agent	, ,
Registered Agent for	AMG Home Builders, LLC	
	Name of Limited Liability Company	,
L14000001608		
Document	Number, if known	
A copy of this resign	ation was mailed to the above listed limited liability compa	any at its last known address.
The agency is termin	ated and the office discontinued on the 31st day after the d	ate on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of	of an entity:	*** 7
	Angela Guerrero	FIL JUN 23 JACIAN LAHASSI
	Typed or Printed Name Registered Agent	<u> </u>
	Capacity	AH IO: 46 OF STATE OF LORID

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company