

U6000080975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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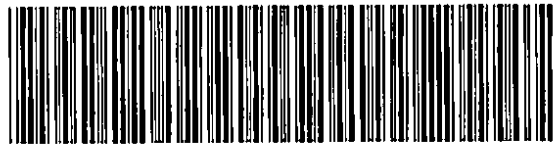
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. SCOTT
DEC 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMM ENTERPRISES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000080975

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:

EDWARD ROGERS

Name of Person

ATTORNEY AT LAW

Name of Firm/Company

1401 N.W. 17TH AVE

Address

MIAMI, FLORIDA 33125

City/State and Zip Code

EDROGERSFL@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN FRANCILLON

at (786) 356-0690

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JEAN FRANCILLON

Name of Registered Agent

, hereby resigns as

Registered Agent for **AMM ENTERPRISES, LLC**

Name of Limited Liability Company

L16000080975

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:

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

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Edward M. Rogers, Esq.

Attorney at Law
1401 NW 17TH Avenue, Miami, FL 33125
Telephone: 305-326-8880
Facsimile: 305-326-0605
Email: edrogersfl@aol.com

November 30, 2018

Registration Section
Division of Corporations
P.O. box 6327
Tallahassee Florida 32314

Re: AMM ENTERPRISES, LLC
REGISTRATION#16000080975

MY CLIENT : JEAN FRANCILLON

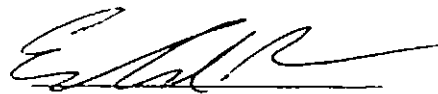
Enclosed please find statement of facts, disassociation or resignation as a member and a Florida LLC and statement of resignation as registered agent for LLC.

Please be advised that I represent Mr. Jean Facillon with regards to his unauthorized use of his name and address that list him as the registered agent and one of the managers of the above listed LLC.

Pursuant to instructions from a representative of the division of Corporation's statement of facts indicate that he never agreed to become a registered agent or manager of the company.

Should you require any additional information or if additional fees need to be paid for the filing of the statement of facts, please advise at your earliest opportunity via email or you can contact me at the above listed phone number.

Thank you,


Edward Rogers
1401 N.W. 17TH AVE
Miami FL 33125

STATEMENT OF FACTS

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

COMES NOW, JEAN FRANCILLON, who after being duly sworn

By me, the undersigned authority, deposes and says as follows:

1. My name is JEAN FRANCILLON.
2. My address is 1180 N.W. 124ST NORTH MIAMI FL 33168
3. MY PHONE NUMBER IS 786-356-0690
4. That I never agreed to become the registered agent or manager of AMM ENTERPRISES, LLC.
8. That the statements made herein are true and correct statements.

Dated: 11-29-18


JEAN FRANCILLON

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STATE OF FLORIDA

COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgments, personally appeared JEAN FRANCILLON, to me known to be the person described and who produced FLORIDA DRIVERS LICENCE as identification and who executed the foregoing instrument, having taken an oath and has acknowledged before me that he executed the same.

Witness my hand and official seal in the County and State last aforesaid this 29 day of Nov 2019.

My Commission Expires On:


Notary Public Edward Rogers

