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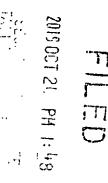
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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: AMP Professionals (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Fridic w Paul (Contact Person)
AMP Professionals (Firm/Company)
3700 US HWY 17-92 N (Address)
Davenport, Fl 33837 (City/State and Zip Code)
For further information concerning this matter, please call:
Andrew Paul at (754) 226-917 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2} \\$25 \\$55 \\$55 \qua
STDEET/COUDIED ADDRESS. MAILING ADDRESS.

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: <u>A</u> D	n? Professionals
2. The Florida docu	ument/registration number assigned to this limited liability company is:
82-4335	0578 Employer ID Number
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10/1/9 171
4.1. Melody	Misschman, hereby withdraw/resign as a game of Person Resigning)
vice pro	esident. (Prini Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Melon	Bush
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)