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COVER LETTER

AMERICAN MADE WOODWORK LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000376768	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the	undersigned.	
Legalinc Corporate Ser	rvices, INC.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	AMERICAN MADE WOODWORK LLC		-
	Name of Limited Liability Company		
L20000376768			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liab	oility company at its last known address.	
The agency is termina	sted and the office discontinued on the 31st day	· · · · · · · · · · · · · · · · · · ·	; filed.
If signing on behalf or		TALL)	- <u>F</u>
	Typed or Printed Name	15 Ass	م م د دات سا
	On Behalf of Legaline Corporate Services, IN Capacity	PH 5: 46	

FILING FEES:

S 85.00 Active limited liability company
S 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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