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PICK-UP WAIT MAIL		
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2/10/2023

COVER LETTER

SUBJECT: AMH-STORE L.L.C. Name of Limited L.	ability Company
DOCUMENT NUMBER: <u>1.21000474586</u>	
The enclosed Resignation of Registered Agent for a L for filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matt	er to the 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@legatine.com	
E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, please	e call:
Chelsea Chapman	386-0178
Name of Person Are	a 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115. Florida Statutes, the un	dersigned.
Legaline Corporate Serv	ices, INC.	, hereby resigns as
	Name of Registered Agent	(nevery realigns to
Registered Agent for A	AMH-STORE L.L.C.	
	Name of Limited Liability Company	·
1.21000474586 Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liabili	ty company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day at	fter the date on which this statement is filed
	Signature of Resigning Ager	2022 NOV 14 SECALIATA
If signing on behalf of a	an entity:	
	Zachary Mathewson	
	Typed or Printed Name	
	On Behalf of Legaline Corporate Services. INC. 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 \$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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