M04000005552

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 3230

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE:

1-10-07

NAME:

AME PROPERTIES, LLC

TYPE OF FILING:

REGISTERED AGENT RESIGNATION

COST:

25.00

RETURN:

plain copy please

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or 608.509, F	lorida Statutes, the undersigned,	
Florida Filing & S	earch Services, Inc.	, hereby resigns as	Sin He
	(Name of Registered Agent)	, nercoy resigns as	Chic. 6
Registered Agent for _	AME PROPERTIES, LLC		(6) 5
			DP.
	(Name of Limited Liability Comp	pany)	,
M04000005552			•
(Document Nu	imber, if known)		
A copy of this resigna	tion was mailed to the above listed limite	ed liability company at its last know	n address.
The agency is termina	ted and the office discontinued on the 31	st day after the date on which this s	statement is filed.
	Cobbie 14 (Signature of Resigning A	igent)	
If signing on behalf of	an entity:		
	Abbie P. Hodge		
	(Typed or Printed Nam Vice President	ne)	
	(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withdrawn limited liability company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