

1712000004748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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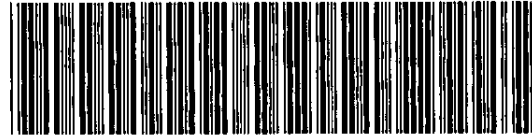
(Business Entity Name)

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13 JUL -3 PM 5:45

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JUL 09 2013  
D. BUTLER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Liberty One AMC, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:**

W12000029672

M12000004748

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:

Matthew Moore

Name of Person

Liberty One AMC, LLC

Name of Firm/Company

1735 Market St., #3750

Address

Philadelphia, PA 19103

City/State and Zip Code

mmore@liberty1amc.com

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

For further information concerning this matter, please call:

Dena Sullivan

Name of Person

at (239) 297-3455

Area Code & Daytime Telephone Number

FILED  
13 JUL -3 PM 5:45  
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Dena Marie Sullivan

Name of Registered Agent

, hereby resigns as

Registered Agent for

Liberty One AMC, LLC

Name of Limited Liability Company

M12000004748

W120000029672

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]

Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
13 JUL -3 PM 5:45  
TALLAHASSEE, FLORIDA

### 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