

NO2000005400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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LA Resign

FILED
STATE
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -7 09 MAY -7 PM 2:00

T Roberts MAY 13 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICANS LOVE LIVING INC
(Name of Corporation)

DOCUMENT NUMBER: NO 20 0000 5400

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROL ANN HEINRICH
(Name of Person)

AMERICANS LOVE LIVING INC
(Name of Firm/Company)

804 CYPRESS BLVD #504
(Address)

DAMPANO BEACH, FLORIDA 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL ANN HEINRICH at 954, 654-2334
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 7 PM 1:57

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Carol Ann Hennrich

(Name of Registered Agent)

hereby resigns as Registered Agent for

AMERICANS LOVE LIVING, INC.

(Name of Corporation)

NO 200000 5400

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Carol Ann Hennrich

(Signature of Resigning Agent)

If signing on behalf of an entity:

N/A

(Typed or Printed Name)

N/A

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**