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Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: A-M-A-S-T, Inc.	
(Name of Corpora	tion)
DOCUMENT NUMBER: P01000028586	
The enclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filin
Please return all correspondence concerning this matter to	the following:
Andreas Mastrominas	
(Name of Person)	_
A-M-A-S-T, Inc.	
(Name of Firm/Company)	_
475 Shady Lane	
(Address)	_
Bartow, Florida 33830	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Andreas Mastrominas at (863 (Area Cod	326-8099 e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Andrew P. Trakas	
	(Name of Registered Agent)	
hereby resigns as Registered Ager	_{ut for} A-M-A-S-T, Inc.	
neteby resigns as registered reger	(Name of Corporation)	
P01000028586		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known address.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which Note: (Signature of Resigning Agent)	_
If signing on behalf of an entity:	7 NOV 28	TEE
	(Typed or Printed Name)	3
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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