

PD1000084287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

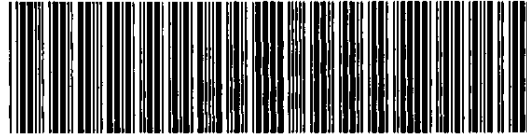
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 14 AM 11:02

OTJ Lsg
C.COULLIETTE
SEP 15 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AME, inc
(Name of Corporation)

DOCUMENT NUMBER: PO1000084287

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

A. McGuire
(Name of Person)

AME
(Name of Firm/Company)

1598 Condon Rd
(Address)

FT LAUDERDALE FL 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

A.L. McGuire at (954) 523-0119
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALFRED L MAGUIRE, hereby resign as MR. (STOCK HOLDER ONLY)
(Title)

of AME, INC.,
(Name of Corporation)

P01000084287, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Alfred Maguire
(Signature of resigning officer/director) STOCK HOLDER (MR)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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

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