P01000090124

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	(V



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SECRETARY OF STATE.

Rosignation of RA.

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AMERICA'S MOVING NETWORK, INC.	<u> </u>
(Name of Corporation)	
DOCUMENT NUMBER: P01000090124	
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:	
Michael H. Merino	
(Name of Person)	
Michael H. Merino, P.A.	. ,
(Name of Firm/Company)	
6741 Orange Drive	
(Address)	-
Davie, Florida 33314	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael H. Merino at (954) 321-7701 (Name of Person) (Area Code & Daytime Telephone Number)	٠.
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E046(11/02)

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

·	
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Michael H. Merino	
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statilles, the lindersigned.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for America's Moving Network, Inc. (Name of Corporation)	
P01000090124	
(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. (Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	•

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)