

P01000091016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

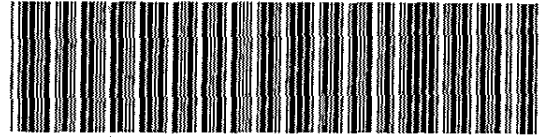
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200055577882

06/08/05--01008--020 **87.50

FILED

2005 JUN 10 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-10-05
or

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMERICAN FORKLITS GROUP, INC

DOCUMENT NUMBER: P01000091016

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORYS MARTINEZ

(Name of Contact Person)

DM ACCOUNTING CONSULTING SERVICES, INC

(Firm/ Company)

11402 N.W. 41 STREET SUITE 211

(Address)

DORAL FLORIDA 33178

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

DORYS MARTINEZ

(Name of Contact Person)

at (305)

470-2429

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address:

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

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2005 JUN 10 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, NORBERTO SALVADOR

(Name of Registered Agent)

hereby resigns as Registered Agent for AMERICAN FORKLIFTS GROUP INC.

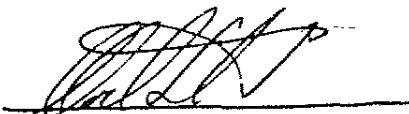
(Name of Corporation)

P01000091016

(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:

NORBERTO SALVADOR

(Typed or Printed Name)

V. PRESIDENT

(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