P.04000078649

(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #f)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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Off Resign

05/23/05--01012--003 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AmenZAN Business Munagement IN (Name of Corporation) DOCUMENT NUMBER: P04000078649
DOCUMENT NUMBER: PO4000 18649
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Skve Pomeronte (Name of Person)
(Name of Firm/Company)
6020 NW 67th Ct (Address)
Parkland FL 33067 (City/State and Zip Code)
For further information concerning this matter, please call:
Steve formers at (954) 415 - 0942 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

05 MAY 20 MIII: 39

I, Steven Pa	merantz	_, hereby resign as_	Vice President	
of Amenzau				
P040000 78649, a corporation organized under the laws of the State of (Document Number, if known)				
Florida				

(Signature of fee agning officer/director)

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