## P05000128459

(Re	equestor'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:					





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07/12/07--01023--016 \*\*35.00





## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	JECT: Aug	uple Colitions  ander of Corporation)	
	0.0	(Name of Corporation) Po 5000 1 284 59	
	OMENI NOMBER:		
The en	enclosed Officer/Director Resignation for a C	a Corporation and fee are submitted for filing	
'Please	se return all correspondence concerning this	s matter to the following:	
	Poter Schweck (Name of Person)		
	(Name of Person)		
	Augle Colutions (Name of Firm/Company)		
	(Name of Firm/Company)		
	7502 Sony Gabriel Lau (Address)	rue	
	(Address)	<del></del>	
	(City/State and Zip Code)	ı	
	(City/State and Zip Code)		
For fu	urther information concerning this matter, pl	please call:	
	Peter Schmick at (	(Area Code & Daytime Telephone Number)	
Enclo	osed is a check for \$35.00 made payable to t		
Amen Divisi Clifto 2661	on Building Post Office	Address: ent Section of Corporations ce Box 6327 ee, FL 32314	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Peter	Schmick	, hereby resign as	Plesident (Title)
of		Ample Solo (Name of C	Ations Inc	,
· <del></del>	P05000128 (Document Number,	(459 if known)	a corporation organized under th	ne laws of the State of
	Florida			
			Jul 1	
		(Sign	nature of resigning officer/director)	
		FIL	ING FEE IS \$35.00	O7 JUL SECRETAL TALLAHASS
	Make ch		Florida Department of State	FILED  ARY OF STATE  SSEE FLORIDA  and mail to ROLL  and mail to R
				ယ်

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