P0600098665

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
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PICK-UP	WAIT	MAIL
(Pı	ısiness Entity Na	mo)
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Certified Copies	_ Certificate	s of Status <u> </u>
Special Instructions to	Filing Officer	
opecial mandedions to	r illing Officer.	
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Mesignation



Office Use Only

A 25/09

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: AMH Wholesale Distributors, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P06000098665
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Mict	nael Heliman
	(Name of Person)
AMi	d Wholesale Distributors, Inc.
	(Name of Firm/Company)
1020	09 NW 53rd Street
	(Address)
Sun	rise, FL 33351
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Mich	ael Hellman at (9 4) 572 - 688 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifton 2661 I	Mailing Address: dment Section on of Corporations on Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION 2009 SEP 23 AM 9: 27 FOR A CORPORATION SECRETARY OF STATE OR TO SEE FLOOR OF SEE F

Howard Schwartz	, hereby resign as_	President and Director	
		(Title)	
of AMH Wholesale Distributors, Ind	2.		
(Name of	Corporation)	······································	
P06000098665	, a corporation organized under the laws of the State of		
(Document Number, if known)	•		
Florida			

(Signature of pergning 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