Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

ÀUG 15 2016

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

: (702)866-2500

Fax Number

: (702)866-2689

R. WHITE

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT RESIGNATION AMERICAN AMENITIES, INC.

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COVER LETTER

Division of Corporations	
SUBJECT: AMERICAN AMENIT	FIES, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	P14000027339
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
Wendy Hefl	ley
(Name of Person	on)
Incorp Services	s, Inc.
(Name of Firm/Con	mpany)
3773 Howard Hughes Parl	kway, Suite 500S
(Address)	
Las Vegas, NV 89	169-6014
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
Wendy Hefley for Incorp Service	es, Inc. 702 866-2500 ext. 6601
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

77.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1 dispatility the provisions of sections 607.0302(2), 617.0302(2), 607.1303, 61 617.1303,
Florida Statutes, the undersigned, Incorp Services, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for AMERICAN AMENITIES, INC.
(Name of Corporation)
P14000027339
(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. InCorp Services. Inc.
(Signature of Resigning Agent) If signing on behalf of an entity:
Wendy Hefley
(Typed or Printed Name)
Authorized Representative
(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