

Secretary of State Corporation Record Bureau Division of Corporation 409 East Gaines Street Tallahassee, Florida 32399 900003319059--7 -07/11/00--01015--009 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$87.50 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Senior Supervisor &

Assistant Secretary

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Enclosure

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## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, 61 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
, , , , , , , , , , , , , , , , , , , ,	(Name of registered agent)	
hereby resigns as Registered Agent for _	A.M.P. ENTERPRISES AND INVESTMENTS, INC. (F	L. DOM.
	(Name of corporation)	
A copy of this resignation was mailed t	to the above listed corporation at its last known address.	-
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which	
Ac. (S	ignature of resigning agent)  SEF, FLORIDA  OSCIPLINATE OF STATES	
If signing on behalf of an entity:		
<del>-</del> -	CORPORATION SYSTEM (Typed or Printed Name)	
ASSI	STANT SECRETARY	
	(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314