P99000045365

(Requestor's Name)			
(Address)			
(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:			
<u> </u>			

Office Use Only



000013098060

03/11/03--01003--023 **87.50

FILED

03 MAR I 4 AM 10: 26

LLSETARY OF STAILS
LLSHASSEE, FLOSIN

pa 3. Hi press

ب	TRANSMITTAL LETTER
	TO: Amendment Section Division of Corporations
	SUBJECT: Advanced Moving Systems, Inc.
	(Name of Corporation)
	DOCUMENT NUMBER: P99000045365
	The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	John L. Wright, Esq.
	(Name of Person)
	Purdy, Jolly, & Guiffreda, P.A.
	(Name of Firm/Company)
	1322 SE 3rd Avenue
	(Address)
	Fort Lauderdale, Florida 33316
	(City/State and Zip Code)
	For further information concerning this matter, please call:
	John L. Wright, Esq. at (954) 462-3200
	John L. Wright, Esq. at (954) 462-3200 (Name of Person) (Area Code & Daytime Telephone Number)
	Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
	Mailing Address: Amendment Section Division of Corporations P.O. Box \$327 Tallaffassee, FL 32314 Tallaffassee, FL 32314 CR2E (46(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509	9,	
Florida Statutes, the undersigned,John L. Wright, Esq.		
(Name of Registered Agent)		•
hereby resigns as Registered Agent for Advanced Moving Systems, Inc.		
(Name of Corporation)		-
P9900045365		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known at the agency is terminated and the office discontinued on the 31st day after the date on within statement is filed.	vhic h	
(Signature of Resigning Agent) If signing on behalf of an entity: (Typed or Printed Name)	D3 MAR I 4 AM 10: 26 SECRETARY OF STATE	TIE
(Capacity)	* 1.	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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