Vbald8

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	s #1
(City/State/2/p/Filotte #)		
PICK-UP	 WAIT	MAIL
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(Business Entity Name)		
(De	ocument Number)	
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Cartified Caning	Cortificator	of Status
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



TRANSMITTAL LETTER

SUBJECT: AM&K, Inc

(Name of Corporation)

DOCUMENT NUMBER: V62618

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

John J Lombard

(Name of Person)

AM&K, Inc

(Name of Firm/Company)

10128 Springwood Drive

(Address)

Ladue, MO 63124-1269

For further information concerning this matter, please call:

(City/State and Zip Code)

John J Lombard
(Name of Person)

at (314)8032930
(Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Anne Marie Lom	bard hereby resign as Director
	(Title)
_{of} AM&K Inc	
(Nan	ne of Corporation)
V62618 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·

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

FILED

14 DEC -8 PH IO: 58

SECRETARY OF STATE