

M14 0000 5350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

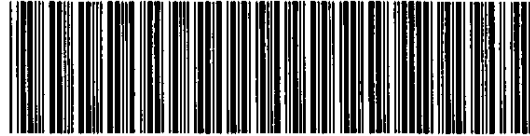
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000287982470

07/19/16--01016--001 \*\*30.00

FILED  
2016 JUL 19 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Apex Performance Solutions, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alane Schnelker  
\_\_\_\_\_  
(Name of Person)

Apex Performance Solutions, LLC  
\_\_\_\_\_  
(Firm/Company)

730 Sandhill Rd., Ste 310  
\_\_\_\_\_  
(Address)

Reno, NV 89521  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alane Schnelker at ( 775 ) 337-2739 x 107  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

APEX PERFORMANCE SOLUTIONS, LLC

(Name of limited liability company)

NEVADA

(Jurisdiction of its organization)

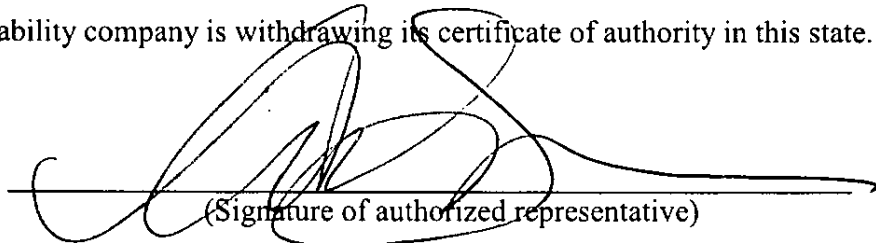
7/28/14

(Date registered with Florida Department of State)

M14000005350

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

ALANE SCHNELKER

(Typed or printed name of signee)

2016 JUL 19 PM 1:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**