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**To:**

Division of Corporations  
Fax Number : (850)617-6380

**From:**

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850)656-7956  
Fax Number : (850)656-7953

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

Email Address: \_\_\_\_\_

RECEIVED  
19 AUG 30 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE

**REGISTERED AGENT RESIGNATION  
AP MONTAGGI USA, INC.**

Certificate of Status	0
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M. SOLOMON

2019 AUG 30 PM 2:29

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AP MONTAGGI USA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F16000002196

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:

Amanda Archambault

(Name of Person)

INCORPORATING SERVICES, LTD.

(Name of Firm/Company)

3500 S DUPONT HWY

(Address)

DOVER, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Archambault at ( 800 ) 346-4646

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD.

(Name of Registered Agent)

hereby resigns as Registered Agent for AP MONTAGGI USA, INC.

(Name of Corporation)

F16000002196

(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.

Amanda Archambault  
(Signature of Resigning Agent)

If signing on behalf of an entity:

AMANDA ARCHAMBAULT

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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**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**