L04000016760

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voice of and

Fosth Accounting, P.A.

1008 Goodlette Road, Suite 201, Naples, FL 34102 Phone 239-435-7336 ♦ Fax 239-435-7339

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: APD International Productions LLC

To Whom It May Concern:

Please find enclosed the resignation of the registered agent on file. The correct mailing address for the corporation should now be:

APD International Productions, LLC c/o Andrew Driver 2600 Bayview Drive Naples, FL 34112

I would assume that since Mr. Driver is the sole remaining member, that he should now also be the registered agent on file.

Thank you for your assistance in this matter.

Sincerely.

Catherine M. Fosth, CPA

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: APD International Productions LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L04000016760
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deena Collins
(Name of Person)
(Name of Firm/Company)
PO Box 12004 (Address)
Naples, FL 34101
(City/State and Zip Code)
For further information concerning this matter, please call:
Deena Collins at (239) 213-1340 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.41	6(2) or 608.509, Florida St	atutes, the undersigned,
Deena Collins			, hereby resigns as
	(Name of Registered Ag	gent)	,,
Registered Agent for _	APD Internationa	al Productions LLC	<u> </u>
	(Name of L	imited Liability Company)	
L04000016760			
(Document Nu	mber, if known)	· ·	
A copy of this resignat	ion was mailed to the	above listed limited liabilit	ty company at its last known address.
The agency is terminat		ontinued on the 31st day af	fter the date on which this statement is filed.
If signing on behalf of	an entity:		
	Dee	(Capacity)	O4 JUN-7 AM SECRETARY OF ALLAHASSEE, F
	FILING \$ 85.00 \$ 25.00	Active limited liability	lved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314