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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	9)
(Do	cument Number)	•
Certified Copies Certificates of Status		of Status
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SECRETARY OF STATE
ALLAHAS SEE. F STATE

COVER LETTER

Division of Corporations
SUBJECT: AMERICAN PRESERVATION MANAGEMENT LL (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DON ROBERTS (Name of Person) AMERICAN PRESERVATION MANAGEMENTS OF COLUMN (Firm/Company) PORN 100 (C
AMERICAN PRESERVATION MANAGEMENTE CEL G
POBOX 18866 (Address) PANAMA CITY BEACH FL, 32417 (City/State and Zil) Code)
For further information concerning this matter, please call:
Name of Person) at (850) 230 1/85 (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 & Certified Copy

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Arlene Cal hereby resign as Manager Member
of American Preservation Management, LLC, (Limited Liability Company)
a limited liability company organized under the laws of the State of Florida.
and affirm that the limited liability company has been notified in writing of the resignation.
Alene la
(Signature of resigning manager, managing member or member)
SEP -5 P 2: 4 PRETARY OF STATE AHASSEE, FLORID

FILING FEE IS \$25.00

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