

**L06000057089**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : J20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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REGISTERED AGENT RESIGNATION

APEIRON PARTNERS, LLC

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

A1A REGISTERED AGENT INC., hereby resigns as  
(Name of Registered Agent)

Registered Agent for APEIRON PARTNERS, LLC

(Name of Limited Liability Company)

L06000057089

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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.

Paul Smith

(Signature of Resigning Agent)

If signing on behalf of an entity:

PAUL SMITH

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

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TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

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

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