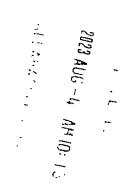


(Req	questor's Name)			
(Address)				
(Address)				
(City	/State/Zip/Phone	> #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer				





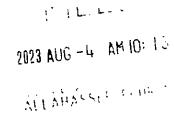
08/94/23--01015--002 ++25.00



COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of Li	mited Liability Co	ompany)
The er	nclosed member, resignation or disso-	ciation and fee((s) are submitted for filing.
Please	return all correspondence concerning	g this matter to	:
Pamela	ı Ruben		
	(Contact Person)		_
APJA,	LLC		
	(Firm/Company)		_
279 W.	Lake Faith		
	(Address)	· · · · · · · · · · · · · · · · · · ·	_
Maitlar	nd, FL 32751		
	(City/State and Zip Code)		- .
For fu	rther information concerning this mat	tter, please call:	:
Pamela	Ruben	407 at (227-2452
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclos	sed please find a check made payable	to the Florida l	Department of State for:
≡ \$25	Filing Fee	□ \$55 Filin	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		it appears on the records of the Florida Department
		signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. 1. Pamela Ruben (Print Name of Person Resigning)		, hereby withdraw/resign as a
Manager	·	
		e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	