## L07000089996

(Requestor's Name)
· (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Marc
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Office Use Only



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## COVER LETTER

**MAILING ADDRESS:** 

**Division of Corporations** 

Tallahassee, FL 32314

Amendment Section

P.O. Box 6327

TO: Amendment Section Division of Corporations
SUBJECT: Apex Construction & Development of Georgia, UC Name of Limited Liability Company
DOCUMENT NUMBER:
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:
Marc S. Steinhour Name of Person
Apex Construction: Duelopment Inc. Name of Firm/Company
3598 Westover Rel. Address
Drange Perk F1. 32003 City/State and Zip Code
E-mail address: (to be used for suture annual report notification)
For further information concerning this matter, please call:
Wax Sterhow at (904) 237-6122  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 or an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**STREET ADDRESS:** 

Tallahassee, FL 32301

**Division of Corporations** 

2661 Executive Center Circle

Amendment Section

Clifton Building

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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own address.
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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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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