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(Re	equestor's Name)	<u></u>
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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M. THOMAS

MAR 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Apollo Realty Services, I	
(Name of Limit	ed Liability Company)
The enclosed member, managing member or national filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Candice Santomauro	Z EC
(Contact Person)	
	HASSEL FLOR
<i>a</i> : 10	jij.
(Firm/Company)	Ğ
3545 Fodder Drive	Ę
(Address)	
Rockledge FL 32955	
(City/State and Zip Code)	
For further information concerning this matter	; please call:
Candice Santomauro	at (321) 2592045
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
√ \$25 Filing Fee	\$55 Filing Fee &
<u> </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
ZOOT CACUHIVE CEHELLITÜE	I ALIADASSEE PROPOR 17.114

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a ollo Realty Services, LL		the Florida Department
2. This limited liab	vility company was organized un	der the laws of:	ETARY OF STATE HASSEE FLORIDA
3. The Florida doc L0800002	ument/registration number of thi	s limited liability compa	ny is:
4. I, Candice S	Santomauro Jame of Person Resigning)	_, hereby resign as a M	GRM (Print Title)
	bility company and affirm the li	mited liability company l	nas been notified of my
Signature of Res	igning Member, Managing Mem	her or Manager	
orginal or reco		oo waaago	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)	•	