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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Divisi	Division of Corporations							
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The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

Registration Section

Anthony P Serino
(Contact Person)
APS Distributors, LLC (Firm/Company)
5105 mallands Place
(Address)
Coconut Creek, FL. 33073

For further information concerning this matter, please call:

Anthony P Senino at (954) 801-4654

(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 & Certified Copy

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it appears on the records of the Florida Department S Distributors, LLC
2. This limited liabilit	ty company was organized under the laws of:
3. The Florida docum	nent/registration number of this limited liability company is:
4. I. Charles (Print Name	Bennington hereby resign as a MGR. & Member (Print Title)
of this limited liabil resignation in writin	lity company and affirm the limited liability company has been notified of my ng.
Signature of Resign	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)