

L11000054693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

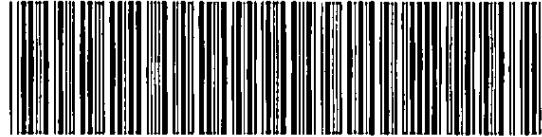
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only

663-



900320986849

11/13/18--01006--010 **35.00

FILED
2018 DEC 28 AM 10:59
CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

JAN - 7 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APOLLO ENERGY SOLUTIONS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

EDWARD A HIRS
(Contact Person)

APOLLO ENERGY SOLUTIONS, LLC
(Firm/Company)

1818 BAHIA TERRA DO
(Address)

ENGLEWOOD FL 34223
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD HIRS at (321) 663-5482
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2018

EDWARD A. HICKS, II
1818 BAHIA TERRADO
ENGLEWOOD, FL 34223

SUBJECT: APOLLO ENERGY SOLUTIONS, LLC
Ref. Number: L11000054693

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 218A00024611



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2018 DEC 28 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: APOLLO ENERGY SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:

441 0000 54693

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08-11-2018

4. I, Christy Hicks, hereby withdraw/resign as a
(Print Name of Person Resigning)

CEO
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Christy Hicks

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)