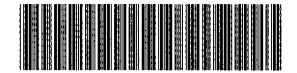
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(Re	questor's Name)		
bA)	dress)		
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SECRETARY OF STAIL STAIL SECRETARY OF CUREOSATION

C. LEWIS

MAR - 5 2013

EXAMINER

COVER LETTER

SUBJECT: APX GROUP, LLC. 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:				
ANA MARIA PONTE PEIXOTO Name of Person				
Name of Firm/Company				
2230 NE 122ND STREET Address				
MIAMI, FL 33181 City/State and Zip Code				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
For further information concerning this matter, please can.				
ANA PEIXOTO at (305) 335-9813 Name of Person Area Code & Daytime Telephone Number				

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn

MAILING ADDRESS:

limited liability company.

Amendment Section

Division of Corporations

• TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,				
	PAULO C. MANNA , hereby r	esigns as		
Registered Agent for	APX GROUP, LLC.			
	Name of Limited Liability Company			
L 1200002				
	was mailed to the above listed limited liability company	at its last known address.		
The agency is terminated	and the office discontinued on the 31st day after the date of	on which this statement is filed.		
	Signature of Resigning Agent	SECHETZ DIVISION O 2013 MAR		
If signing on behalf of an	entity:	AR -		
-	ANA MARIA PONTE PEIXOTO Typed or Printed Name DEGISTERED AGENT Capacity	FIGHPOSAFE -4 AM 12:1		

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