

L12 000066360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

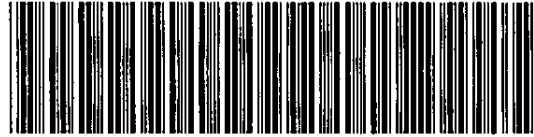
(Business Entity Name)

(Document Number)

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JANUARY 14 2014

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AP Management Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000066360

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:

Katie Erenati

Name of Person

The Presser Law Firm, P.A.

Name of Firm/Company

800 Fairway Drive, Suite 340

Address

Deerfield Beach, FL 33441

City/State and Zip Code

ke@assetprotectionattorneys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Erenati

Name of Person

at (**561**) **953-1050**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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,

The Presser Law Firm, P.A.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **AP Management Group, LLC**

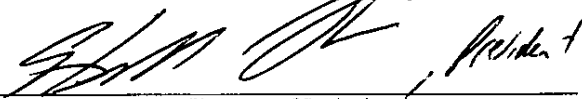
Name of Limited Liability Company

L12000066360

Document Number, if known

A copy of this resignation 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 on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Hillel L. Presser

Typed or Printed Name

President

Capacity

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2014 FEB -3 PM 3:32
SHIRLEY J. JONES

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