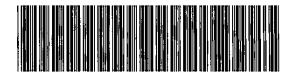
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(Re	equestor's Name)	·		
(Ac	ddress)			
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section
Division of Corporations

AP STUDENT LOAN RELIEF LL

SUBJECT:	AP STUDEN			LC	
	Name of Li	mited Liability	Company		
DOCUMENT NUMBER:		L130001	126783		
The enclosed Resignation of for filing.	of Registered Agent	for a Limited	d Liability	Company and	fee are submitted
Please return all correspond	dence concerning th	nis matter to t	he followi	ng:	,
Brooke Da	augherty-Hayes e of Person		-		
	orate Research, Lt Firm/Company	td.	-		
	on Road, Suite 20 ddress	11	-		
	, DE 19904 e and Zip Code				
invoices@r E-mail address: (to be used	nationalcorp.com I for future annual repo	rt notification)	-		
For further information cor	cerning this matter	, please call:			
Brooke Daughert Name of Per		at (<u>866</u> Area Code) & Daytim	621-3524 e Telephone Nu	mber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

	: F	, 			
Pursuant to the provisions of	section 608.416(2) or 608.509, Florida Statutes, the undersigned,	in SER			
National C	m2 /m	ع فرا			
	orporate Research, Ltd. , hereby resigns as the of Registered Agent , hereby resigns as	S			
	المراجع المراج	-0			
Registered Agent for	AP STUDENT LOAN RELIEF LLC 💝 😤 🏂				
		ις ##. Σπ. π.			
	Name of Limited Liability Company				
		4.			
L1300012	5783				
Document Number	if known				
	as mailed to the above listed limited liability company at its last known address. I the office discontinued on the 31st day after the date on which this statement				
	Signature of Resigning Agent				
If signing on behalf of an en	ity:				
	Brooke Daugherty-Hayes				
	Typed or Printed Name				
	Assistant Secretary				
<u></u>	Capacity				

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