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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 Phone

: (305)530-9400

Fax Number

: (305)530-9409

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT RESIGNATION APTUS RESOURCES, LLC

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## (((H21000057136 3)))

## **COVER LETTER**

TO:	Registration Section Division of Corporations			

APTUS RESOURCES, LLC SUBJECT: Name of Limited Liability Company L14000063481 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: ALBERTO INTERIAN, ESQ. Name of Person -NEIMAN & INTERIAN, PLLC Name of Firm/Company 2020 PONCE DE LEON BOULEVARD, SUITE 1005B Address CORAL GABLES, FLORIDA 33134 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALBERTO INTERIAN, ESQ.

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

2021 FEB 10 AM 10: 55

From: 3055309409

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section, 605,0115,	Florida Statutes, the t	undersigned,	
LAMONT NEIMAN &	INTERIAN, P.A.	. hereby resigns as	,
Name of Registered Agent			
Registered Agent for			
APTUS RESO	OURCES; LLC		<del></del>
Name of Limited	d Liability Company		
L14000063481			
Document Number, if known	<del></del>		
A copy of this resignation was mailed to the about The agency is terminated and the office discontinuous formula of the agency is terminated and the office discontinuous formula of the agency is terminated and the office discontinuous formula of the agency of the agency is terminated and the office discontinuous formula of the agency of		after the date on which this star	tement is filed.
ALBERT	O INTERIAN, ESQ.		2021 f
	ed or Printed Name RESIDENT		FEB T
	Capacity.	<del> </del>	
FILING F) \$ 85.00 \$ 25.00	EES: Active limited liabili Administratively dis- withdrawn limited li	ty company solved/ voluntarily dissolved/ ability company	AMIO: 55

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)