

L14 000083584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

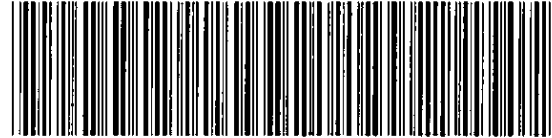
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/23--01010--019 **25.00

2023 AUG 28 PM 12:40
DIVISION OF CORP. ORIGIN

RECEIVED
08/28/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APRISA EXPRESS, 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:

MARTHA RAMOS

(Contact Person)

APRISA EXPRESS, LLC

(Firm/Company)

PO BOX 660514

(Address)

MIAMI SPRINGS, FL. 33266

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTHA RAMOS

305 863-1818
at ()

(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

Mailing Address:

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

Street Address:

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

2023 AUG 28 PM 12:40
STATE OF FLORIDA
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

2023 AUG 28 PM 12:40
DIVISION OF CORPORATIONS

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: APRISA EXPRESS, LLC
2. The Florida document/registration number assigned to this limited liability company is:
LI4000083584
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 15, 2023
4. I, LESLIE FOXHOVEN, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER, MEMBER
(Print Title)

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


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)