Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052

Phone

: (850)656-7956

Fax Number

: (850)656-7953

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

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LLC REGISTERED AGENT RESIGNATION APEX LEVEL INVESTORS LLC

Certificate of Status	0
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Page Count	03
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Help DEC 09 2016

J. HARRIS

TO: Registration Section Division of Corporations

COVER LETTER

SUBJECT: APEX LEVEL INVESTORS LLC Name of Limited Liability Company
DOCUMENT NUMBER: L14000155962
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:
MONICA CLIFFORD
Name of Person
INCORPORATING SERVICES, LTD.
Name of Firm/Company
3500 S. DUPONT HWY
Address
DOVER, DE 19901
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MONICA CLIFFORD 302 531-0855
MONICA CLIFFORD at (302) 531-0855 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limitiability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.011:	5, Florida Statutes, the	e undersigned,		
INCORPORATING SERV	, hereby resigns as				
	Registered Ager		,,,		
Registered Agent for APEX LE	EVEL INVE	STORS LLC			
	Name of Lim	ited Lizbility Company			
L14000155962					
Document Number, if k	nown				
A copy of this resignation was n	nailed to the a	sove listed limited li	ability company at its last known	address.	
	M	entinued on the 31st d	ay after the date on which this sta	tement is filed.	
If signing on behalf of an entity:		30 77			
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ASSI		Typed or Printed Name CRETARY	·		ריב
		Capacity		က်	==
		FEES:		## 6: 6: Str	3

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