

U15000177957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000282630930

02/29/16--01018--007 **25.00

FILED

2016 FEB 29 P 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 02 2016
L. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APA Global 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:

MIGUEL A. MELENDEZ

(Contact Person)

~~7977 NW 19th Court~~ - APA Global Express, LLC

(Firm/Company)

7977 NW 19th Court

(Address)

Pembroke Pines, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL MELENDEZ

(Name of Contact Person)

at (

917)

(Area Code & Daytime Telephone Number)

822-822

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

FILED
2016 FEB 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: APA Global Express, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000177957

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 24 Feb 2016

4. I, MIGUEL A. MELENDEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

Miguel A. Melendez
Signature of Dissociating Member or Resigning Manager

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

FILED
2016 FEB 29 P 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA