11000091184

,

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



10/22/19--01029--007 ++SE.00

SULKER

Office Use Only



30 Skyline Drive, Suite 2400 Lake Mary, FL 32746 321-249-7705

October 19, 2019

American Power Solutions LLC Attn: Robert Fyffe 30 Skyline Drive Lake Mary, FL 32746

Please be advised that as of today I am terminating any and all affiliation with American Power Solutions LLC. After almost 3 ¹/₂ years, I recently discovered that the business practices of one of my partners have become toxic and questionable. I can no longer, in good conscience, remain affiliated with such business practices.

I knew it was time to leave when I realized my business partner put his own personal financial gain over that of the employees, his partners, his contractors and most importantly, his customers.

John Rivera

cc: Keith Pavlic

TO: Registration Section Division of Corporations

American Power Solutions LLC

SUBJECT:

(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:

John P Rivera

(Contact Person)

(Firm/Company)

538 S Pine Meadow Dr

(Address)

Debary, FL 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

 John Rivera
 407
 247-1169

 (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

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

CR2E079 (2/14)



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)

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

L16000091184 10/19/ 3. The date this member/manager withdrew/resigned or will withdraw/resign is: John Paul Rivera _____, hereby withdraw/resign as a 4.1, (Print Name of Person Resigning) Title Manager (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: Certified Copy: \$25.00 (Required) \$30.00 (Optional)