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COVER LETTER

of Limited Liabilit	v Company			
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atter, please call;				
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Florida Departmer stratively dissolv	nt of State for \$85.00 for ed, voluntarily dissolved	an active limited or withdrawn limited		
STRE	ET ADDRESS:			
_	Registration Section			
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	Agent for a Limite ng this matter to c. Treport notification) Latter, please call: Lat (1800 Area Code Area Code Stratively dissolv STRE Regist Divisi Cliftor	Agent for a Limited Liability Company and ng this matter to the following: C. Treport notification) Latter, please call:		

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605 0115	5. Florida Statutes, the und	lersigned.		
United States Corporation Agents, Inc.		, hereby resigns as			
	Name of Registered Ager				
Registered Agent for Ac	qua Ape LLC		<u></u>		
·	Name of Lim	ited Liability Company		• ;	_, ,
L16000164181					. 1
Document Nu	mber, if known			27	
The agency is terminated	d and the office disco	nbove listed limited liability intinued on the 31st day after the signature of Resigning Agent	ter the date on which this	٤	. 0
If signing on behalf of a	n entity:				
	Cheyenne Mose	`	- ,		
		yped or Printed Name			
	Asst. Secretary for C	Jnited States Corporation A	rgents, Inc. 		
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability	ved/voluntarily dissolv	ed/	

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