

L17000249800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

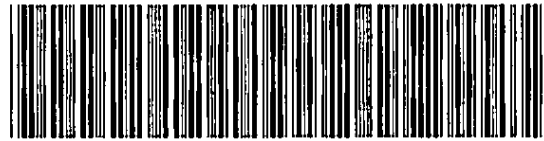
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 APR 12 AM 12:04  
TALLAHASSEE, FLORIDA  
STATE

FILED

JK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** APCSPE, 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:

Adam Brosten

\_\_\_\_\_  
(Contact Person)

Paul Revere Mortgage, LLC

\_\_\_\_\_  
(Firm/Company)

3535 Washington Street

\_\_\_\_\_  
(Address)

Gurnee, IL 60031

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry C Kessler

\_\_\_\_\_  
(Name of Contact Person)

847

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

987-4406

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



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: APCSPE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000249800

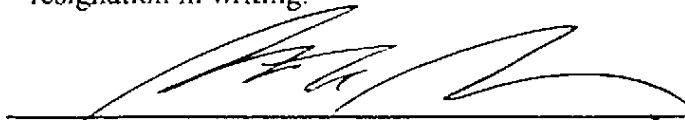
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 17, 2021

4. I, Scott A. Silver, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

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

2021 APR 12 AM 12: 04  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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