L18000019352

| (Re | equestor's Name) | |
|---|----------------------|---------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (0) | ity/State/Zip/Phone | # |
| (C) | ity/State/Zip/Filone | <i>π)</i> |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | e) |
| (De | ocument Number) | - |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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| | 12 | 18120 |
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2020 DEC -8 PM 1: 14 SECRETARY OF STATE

Office Use Only

12/11/20

850. 245.6500





October 19, 2020

ALEXANDER L. PEGUERO PO BOX 260358 PEMBROKE PINES, FL 33026

We have received your document for . However, the document has not been filed and is being returned for the following:

In order to remove Alexander L. Peguero from AP COASTAL CONSTRUCTION, LLC, you will need to file "Resignation of Registered Agent" AND "Resignation or Dissociation of Member or Manager". The fee for filing a registered agent's statement of resignation from an inactive limited liability company is \$25. The fee for filing a resignation or dissociation of member or manager from a limited liability company is \$25.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 820A00020673

| COVER LETTER |
|--|
| Attn: Querida Moore 850-245-6050 |
| TO: Registration Section Division of Corporations |
| |
| SUBJECT: AP COASTAL Construction, LCC Name of Limited Liability Company DOCUMENT NUMBER: L/8 0000 19352 |
| Name of Limited Liability Company |
| DOCUMENT NUMBER: 418 0000 (133 a |
| 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: |
| Alovander L. Paguero Name of Person |
| Name of Person |
| <u>.</u> |
| Name of Firm/Company |
| PO BOX 260358 Address |
| Address |
| Penbroke Pines, FL 33026 City/State and Zin Code |
| City/State and Zip Code |
| |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| |
| at () 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 limited liability company.

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY 2020 DEC -8 PM 1: 14

SECRETARY OF STATE TALLAHASSEE. FL

| Pursuant to the provisions of | of section 605.0115, Florida State | utes, the undersigned. |
|-------------------------------|------------------------------------|---|
| Aloxand | er L. Poquero | hereby resigns as |
| Na | me of Registered Agent | |
| Registered Agent for | AP Coastal | Construction, LC |
| | Name of Limited Liability Co | mpany |
| L180000 | 19352 | |
| Document Number | rr, if known | |
| A copy of this resignation v | vas mailed to the above listed lir | nited liability company at its last known address. |
| The agency is terminated ar | nd the office discontinued on the | 31st day after the date on which this statement is filed. |
| | Signature of Re | |
| If signing on behalf of an er | ntity: | |
| | | |
| | Typed or Printed N | lame |
| - | Capacity | <u></u> |

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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