L18000092060

(Requestor's Name)				
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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D SCOTT JUN 11 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2019

UNITED STATES CORPORATION AGENTS, INC. 9900 SPECTRUM DR AUSTIN, TX 78717

SUBJECT: APG FOREST PINES LLC

Ref. Number: L18000092060

We have received your document for APG FOREST PINES LLC and your check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or pour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 219A00009919

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: APG FOREST PINES LL	С			
Num DOCUMENT NUMBER: L18000092	e of Limited Liability	Company		
DOCUMENT NUMBER: 2 10000032				
The enclosed Resignation of Registered for filing.	Agent for a Limited	Liability Company a	ind fee are sub	nitted
Please return all correspondence concern	ning this matter to th	ne following:		
United States Corporation Agents, Ir	nc.			
Name of Person				
Legalzoom.com, Inc.			· 2	_
Name of Firm/Company	`		منشا بستر	-!]
9900 Spectrum Dr.			<u>.</u>	Y
Address			سـ د.	
Austin, TX 78717			ب ب	TILTO
City/State and Zip Code	<u> </u>		5,2	• •
E-mail address: (to be used for future annu-	al report notitiontion)			
For further information concerning this t	·			
	•	770 0000 0054		
Name of Person	at (773-0888 x3951)		
Name of Person	Area Code	Daytime Telephone 8	dumber	
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida Department histratively dissolved	of State for \$85.00 f J. voluntarily dissolve	or an active lin ed or withdraw	nited n limited
MAILING ADDRESS:	STREF	T ADDRESS:		

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Fforida Statutes, the ur	ndersigned.		
United States Corp	poration Agents, Inc.	, hereby resigns as		
	Name of Registered Agent			
Registered Agent for _	APG FOREST PINES LLC		קים י	
			ئنة يب	-17
	Name of Limited Liability Company		1	1
L18000092060		1	بر >	;
Document 8	umber, if known		خ	
A copy of this resignati	ion was mailed to the above listed limited liabili	ity company at its last kn		188.
The agency is terminate	ed and the office discontinued on the 31st day a	fter the date on which th	is statemer	n is tiled.
	Signature of Resigning Ager			
If signing on behalf of		ni		
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst Secretary for United States Corporation	Agents, Inc.		
	Capacity			

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

Active limited liability company

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00