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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Apothem LLC Name of Limited Liability Company |
| DOCUMENT NUMBER: L18000113304 |
| 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: |
| United States Corporation Agents, Inc. |
| Name of Person |
| Legalzoom.com, Inc. |
| Name of Firm/Company |
| 101 North Brand Blvd. 11th Floor |
| Address |
| Glendale, CA 91203 |
| City/State and Zip Code |
| raresignations@legalzoom.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jazmine Johnson at (800 773-0888 Name of Person Area Code Daytime Telephone Number |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ons of section 605.0115, Florida Statutes, the u | indersigned. | |
|--|--|---|-------|
| United States Corporation Agents, Inc. Name of Registered Agent | | , hereby resigns as | |
| | | | |
| Registered Agent for | Apothem LLC | | |
| | Name of Limited Liability Company | | |
| L18000113304 | | | |
| Document N | lumber, if known | | |
| A copy of this resignati | ion was mailed to the above listed limited liabi | lity company at its last known address. | |
| The agency is terminate | ed and the office discontinued on the 31st day | after the date on which this statement is | filed |
| | Signature of Resigning Age | | |
| If signing on behalf of an entity: | | n Agents, Inc. | |
| | Cheyenne Moseley | | |
| | Typed or Printed Name | | |
| | Asst. Secretary for United States Corporation | 1 Agents, Inc. | |
| | Capacity | TAII FL | |

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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