



(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: APEX EQ	UIPMENT RENTALS	S, LLC	
	(Name of	Limited Liability Co	ompany)
The enclosed member,	resignation or diss	sociation and fee	(s) are submitted for filing.
Please return all corres	pondence concern	ing this matter to	:
JAMIE STATON			
	(Contact Person)		_
APEX EQUIPMENT REN	TALS, LLC		
	(Firm/Company)		
1440 53RD ST			
	(Address)		_
WEST PALM BEACH, FL	. 33407		
(Cit	y/State and Zip Code)		_
For further information	concerning this n	natter, please call	
JAMIE STATON		954 at (559-7921
(Name of Cor	ntact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a S25 Filing Fee	check made payab		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Sc Division of Con P.O. Box 6327 Tallahassee, Fl.	porations		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)

	limited liability company a		of the Florida Depart	ment
2. The Florida doc L18000126153	ument/registration number	assigned to this limited liab	oility company is:	
4. I. WILLIAM HYD (Print N	ember/manager withdrew/re E Pame of Person Resigning)	_	•	_
	. (Print Title) bility company and affirm titing.	the limited liability compar	ny has been notified o	fmy
Signature of Di	ssociating Member or Resi	gning Manager		
	\$25.00 (Required) \$30.00 (Optional)		2024 DE	