## 118000202607

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## COVER LETTER

Division of Corporations		
SUBJECT: APWG GROUP, LLC		
	ted Liability Com	pany)
The enclosed member, resignation or dissocia	ntion and fee(s)	are submitted for filing.
Please return all correspondence concerning t	his matter to:	
Alberto M. DePinillos		
(Contact Person)		
APWG GROUP, LLC		
(Firn/Company)	,	
1120 Wilmington Street		*
(Address)		
Opa-Locka, FL 33054		
(City/State and Zip Code)		
For further information concerning this matte	r, please call:	
Alberto DePinillos	786	614-5537
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Total State State



SECRETARY OF STARL MARSEE FOORD

## 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 as it appears on the records of the Florida Department
2. The Florida doci L1800020260	ment/registration number assigned to this limited liability company is:
-	mber/manager withdrew/resigned or will withdraw/resign is:  Aug. 24, 2018
Dana Mass	, hereby withdraw/resign as a ame of Person Resigning)
(Print N	ame of Person Resigning)
Manager	
<del></del>	Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
191	August 27, 2018.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)