L18000 212657

(Requestor's Name)		
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, , , , , ,		
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B-18: R. HUNT D7/28/23

COVER LETTER

TO: Registration Section		
Division of Corporations		
APG INTERNATIONAL, LLC SUBJECT:		
	Liability Company)	
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to:	
MARTHA RAMOS		
(Contact Person)	 _	
APG INTERNATIONAL, LLC		_ r*
(Firm/Company)		2002 2002
PO BOX 660514		2023 ALLS OF CORRESPONDED AND STORY
(Address)		ž (
MIAMI SPRINGS, FL. 33266	ָ -	P# 12: LO
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
MARTHA RAMOS	305 863-1818	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: 2 \$55 Filing Fee & Certified Copy	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
2.0.201.0527	The Contro of Tananassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:
The Florida document/registration number assigned to this limited liability company is: L18000212657
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 15, 2023
4. I,, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER, MEMBER
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager
Digital or opposition of the control

CR2E079 (2/14)

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)