

L180000275018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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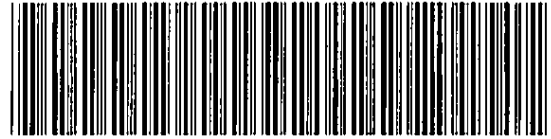
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CFOX2, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000275018

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:

MARTHA RAMOS

Name of Person

APG INTERNATIONAL, LLC

Name of Firm/Company

PO BOX 660514

Address

MIAMI SPRINGS, FL. 33266

City/State and Zip Code

leslie.foxhoven@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA RAMOS at (305) 863-1818  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
STATE DEPT. OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 28 PM 12:40

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

MARTHA RAMOS

, hereby resigns as

Name of Registered Agent

Registered Agent for CFOX2, LLC

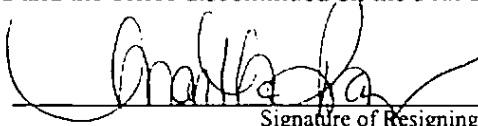
Name of Limited Liability Company

L18000275018

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

MARTHA RAMOS

Typed or Printed Name

REGISTERED AGENT

Capacity

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily 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

2023 AUG 28 PM 12:40

Division of Corporations  
FLORIDA DEPARTMENT OF STATE