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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: APEX +0+AL CONS + RUC+10N LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MURILLO SANTOS (Contact Person)
(Firm Company)
1314 E LAS OLAS BLUL Sulte 335
F+ LANderell FL, 33301 (City State and Zip Code)
For further information concerning this matter, please call:
Munilo SAN 40S at (305) 772 - 1520 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum{25}\$\sum{855}\$ Filing Fee & Certified Copy
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL \$2314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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				ment
of State is:	Pex totAL	CONSTO	ruction, L	2C	·
2. The Florida docu	iment/registration number a	ssigned to this lim	ited liability company	y is:	
L1900	0001224				
3. The date this me	mber/manager withdrew/res	signed or will with	draw/resign is: 7 -	1-3	<u>2</u> 2
4.1. <u>SAN+OS</u> (Print N	BARBOSA SAULO ame of Person Resigning)	hereby with	ndraw/resign as a		
	GR (Print Title)				
of this limited lial resignation in wr	bility company and affirm thing.	he limited liability —-	company has been no	otified of	î my
Signature of Di	secciating Member or Resig	gning Manager	_	;	2022 Sch
~	\$25.00 (Required)			, ***	30
Certified Copy:	\$30,00 (Optional)			•	F::
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