19000 254 990

(Reque	estor's Name)	
(Addre	ess)	
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(City/S	itate/Zip/Phone #	f)
PICK-UP	MAIT WAIT	MAIL
(Busin	ess Entity Name	·)
(Docum	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

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TO: Registration Section	
Division of Corporations	
SUBJECT: APT B6X 137 (Name of Limi	UC
(Name of Limi	(ed Liability Company)
The enclosed member, resignation or dissocia	ntion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Julie Smith (Contact Person)	
(Contact Person)	
(Fiiii/Company)	
	2.2
305 Aqua VISTA LANE Apr 10	<u> </u>
, , , , , , , , , , , , , , , , , , ,	
St. Alegustine, FLOTISA 32084 (City/State and Zio Code)	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
	0.1.
- Julia Init	at (212) 39 7~ 9482 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Englosed please find a clieck made payable to	the Florida Department of State for:
≦ \$25 Filing Fee	□ \$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
1 37. DOX 0327 THE CHILE OF Talianass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

1. The name of the	limited liability company as it appears on the records of the Florida Depar ment
of State is:	AG Box 137 LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1900	0254970
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $3 - 1 - 20$
4. 1. Julie (Print)	, hereby withdraw/resign as a same of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Tele	
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
, erimed Copy;	\$30,00 (Optional)