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(Re	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phon	e #)		
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COVER LETTER

TO: Registration Section . Division of Corporations	* '
SUBJECT: Appunto LLC	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L20000111201	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	_
Legalzoom.com, Inc.	
Name of Firm/Company	- 20
9900 Spectrum Dr.	TALLARA
Address	
Austin, TX 78717	2 PH
City/State and Zip Code	- English 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
raresignations@legalzoom.com	F) 56
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
at (773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Area Code Daytime Telephone Number

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		hereby resigns as				
Name of Registered Agent						
Registered Agent for A	Appunto LLC					
	Name at Li	mited Liability Company	 -			_ ,
	Name of En	unten thaolith Collbank				
L20000111201						
Document Nu	umber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability c	omnany at its la	et known	addrae	e
The agency is terminate	id and the office disco	ontinued on the 31st day after	the date on whic	th this sta	tement	is filed
	Cri	ik Treedlein				
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Erik Treutlein				~ 1	
	7	Typed or Printed Name		√ J∃S	202 ^լ	
	Vice President for U	Inited States Corporation Age	nts, Inc.	A E		
		Capacity		TAR	2024 JUH 12	مان مان مان مان مان مان
				: S = -		
	Dr. m.c.	nnua.		365 565	P	المردد
	<u>FILING</u> \$ 85.00	<u>FEES:</u> Active limited liability cor	npany		ယ ဟ	•
	\$ 25.00	Active limited liability cor Administratively dissolved withdrawn limited liability	√voluntarily dis y company	solved/	σ	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314