120000290742

(Re	equestor's Name))
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

_	stration Section		
Divis	sion of Corporations		
SUBJECT:	Aptivos. LLC		
	(Name of	Limited Liability Co	mpany)
The enclosed	d member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return	all correspondence concerr	ning this matter to:	
Douglas Gelle	г		
	(Contact Person)		_
Aptivos, LLC			
	(Firm/Company)		_
9858 Clint Mo	oore Road – Suite C-111-203		
	(Address)		_
Boca Raton, F	L 33496		
	(City/State and Zip Code)		_
For further is	nformation concerning this i	matter, please call:	
Douglas Gelle	r	954 at (3099332
(N	Jame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filin	ease find a check made paya g Fee		Department of State for: g Fee & Certified Copy
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department os, LLC
2. The Florida doc L20000290742	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: year , hereby withdraw/resign as a l'ame of Person Resigning)
President	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	S25.00 (Required) S30.00 (Optional)

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