## L20000296541

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
F68 1 1 (40)				

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## COVER LETTER

_	istration Section sion of Corporations				
SUBJECT:	Apollo Bot Solations, LLs I				
SUBJECT: (Name of Limited Liability Company)					
The enclose	d member, resignation or dissoci				
Please return	n all correspondence concerning	this matter to:			
Mark Malek					
	(Confact Person)		_		
	(Firm/Company)				
220 Lansing I	sland Drive				
	(Adáress)				
Indian Harbou	ur Beach, FL 32937				
	(City/State and Zip Code)		<del></del>		
For further i	information concerning this matte	er, please cali:			
Mark Malek		321 _ at (	431-1434		
(1)	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)		
Enclosed plo ■ \$25 Filin	ease find a check made payable t ag Fee		Department of State for: g Fee & Certified Copy		
Regi Divi P.O.	istration Section sion of Corporations Box 6327 ahassee, FL 32314		Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
CR2E079 (2/14)					

All godd to the



## 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 Department
of State is: Apoll	o Bot Solutions, LLC	
2. The Florida docu	iment/registration number as	ssigned to this limited liability company is:
L20000296541		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4 i Mark R. Malek	Mark R. Malek , hereby withdraw/resign as a (Print Name of Person Resigning)	
(Print N	ame of Person Resigning)	,
Manager		
	(Print Title)	
resignation in wr		ning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	