

10/5/2015

PM

Division of Corporations

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M10000000770

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
F&S APEX, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

15 OCT -5 PM 4:59

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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2015 OCT -5 AM 8:21  
FLORIDA DEPARTMENT OF STATE  
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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** F&S Apex, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim HARPER

(Name of Person)

F&S Apex, LLC

(Firm/Company)

221 Crescent St, Ste. 301

(Address)

Waltham, MA 02453

(City/State and Zip Code)

For further information concerning this matter, please call:

Jim HARPER

(Name of Person)

at 508 561-3195

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

F&S Apex, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

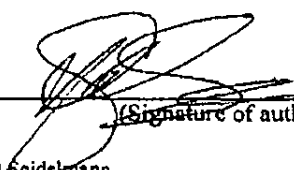
February 18, 2010

(Date registered with Florida Department of State)

M10000000770

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
(Signature of authorized representative)

Scott Seidelmann

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA