

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000852

: (850)656-7956

Fax Number

: (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION AAPT HOLDINGS, LLC

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Corporate Filing Menu

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S. WARREN OCT 1 9 2017

TO: Registration Section

COVER LETTER

Name of Limited Liability Company DOCUMENT NUMBER: M12000002875							
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitte						
Please return all correspondence concerning this n	natter to the following:						
PHYLLIS D. BROWN							
Name of Person							
INCORPORATING SERVICES, LTD.							
Name of Firm/Company	192						
3500 SOUTH DUPONT HIGHWAY	1.						
Address							
DOVER, DE 19901							
City/State and Zip Code							
RADIV@INCSERV.COM	en e						
E-mail address: (to be used for future annual report no	otification)						
For further information concerning this matter, ple	ease call:						
PHYLLIS D. BROWN at (800 (346-4646						
Name of Person	Area Code Daytime Telephone Number						

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREAT ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Sta	itutes, the undersigned,
INCORPORATING SERVICES, LTD.	, hereby resigns as
Name of Registered Agent	, northly realights as
Registered Agent for AAPT HOLDINGS, LLC	
	÷.
Name of Limited Liability C	ompany
M12000002875	
Document Number, if known	
A copy of this resignation was mailed to the above listed li	imited liability company at its last known address.
The agency is terminated and the office discontinued on the	ne 31st day after the date on which this statement is filed.
Phylli S. Signature of F	OWIT Resigning Agent
If signing on behalf of an entity:	Resigning Agent 7 OCT 18
PHYLLIS D. BROWN	TIN FILE
Typed or Printed ASSISTANT SECRETARY	Name 💆 💆
Capacity	9: 02 STATE FLORIDA

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company