M12000007211

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J. HARRE

COVER LETTER

TO: Registration Section
Division of Corporations

AP VERITAS HR, LLC
SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER: M12000007211

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person	
COGENCY GLOBAL INC.	
Name of Firm/Company	
850 New Burton Rd, Suite 201	
Address	
Dover, DE 19904	
City/State and Zip Code	

For further information concerning this matter, please call:

Gretchen McDougal at (866 621.3524 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STREET 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	of section 605.0115. Florid	ia Statutes, the unde	ersigned			
COGENCY GLOBAL INC.			, hereby resigns as			
	ime of Registered Agent					
Registered Agent for AP \	/ERITAS HR, LLC					_
						_·
	Name of Limited Liab	ility Company				
M12000007211						
Document Numb	er, if known					
A copy of this resignation v	was mailed to the above lis	sted limited liability	company at its last	known a	iddress	; .
The agency is terminated a	nd the office discontinued	on the 31st day after	er the date on which	this state	ement	is filed
_	<u>, प्रीती</u> Signatu	U. M. S. G. C. tre of Resigning Agent				
If signing on behalf of an e	ntity:			≥ 1.	2018 JUH -	cargo,
G	retchen McDougal			21 P	MUL	# FURTH
_	Typed or F	rinted Name		غیر بر تمبر دری	1 <u>1</u>	
<u>A</u>	ssistant Secretary				ix.	1
	Capac	rity		I BANDA	- CD - CD -	litan e
	\$ 25.00 Admi	e limited liability c	'ed/ voluntarily diss			

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