(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

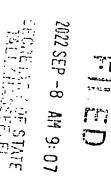
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A. BUTLER

SEP - 9 2022



1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 925338 8323810 AUTHORIZATION COST LIMIT ORDER DATE: September 6, 2022 ORDER TIME : 1:55 PM ORDER NO. : 925338-020 CUSTOMER NO: 8323810 RESIGNATION OF AGENT FILING NAME: APEX PARKS GROUP, LLC XX RESIGNATION OF AGENT

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-EXT#

CORPORATION SERVICE COMPANY

COVER LETTER

Division of Corporations APEX PARKS GROUP, LLC SUBJECT: Name of Limited Liability Company **DOCUMENT NUMBER:** M14000003527 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: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE Address WILMINGTON, DE 19808 City/State and Zip Code ANNUALREPORTS@CSCGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RESIGNATION DEPT Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2022 SEP -8 AM 9: 08

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned.

CORPORATION SERVICE COMPANY

Name of Registered Agent

Name of Limited Liability Company

M14000003527

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Checkies Weibrd, assistent va president
Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND

Typed or Printed Name

ASSISTANT VICE PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company