

M150000009013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

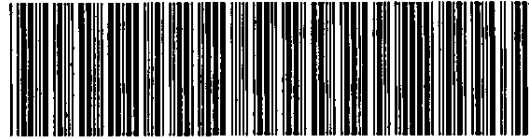
(Business Entity Name)

(Document Number)

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APR 02 2018

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18 APR -3 AM 12:12
CLERK OF SUPERIOR COURT
JANUARY 10, 2018

J. LEGGETT
APR 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APEXIM HOLDINGS 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:

NICK FLORIO

(Name of Person)

CITRIN COOPERMAN & CO LLP

(Firm/Company)

529 FIFTH AVENUE

(Address)

NEW YORK, NY 10017

(City/State and Zip Code)

For further information concerning this matter, please call:

BLAKE BOSHACK

(Name of Person)

212

at (_____) _____

(Area Code & Daytime Telephone Number)

697-1000 EXT 1457

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

APEXIMUM HOLDINGS LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

NOVEMBER 9, 2015

(Date registered with Florida Department of State)

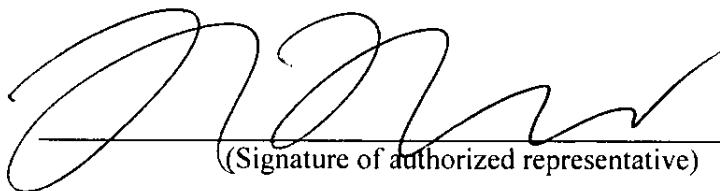
M15000009013

(Florida Document Number)

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

Effective Date, if other than the date of filing: 04/30/2018 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

NICK FLORIO

(Typed or printed name of signee)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00