

M1600000 4949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

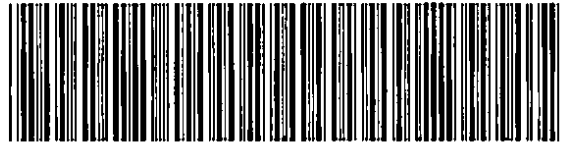
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
ATTACHMENT

2020 MAR 24 AM 8:10

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APR 08 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP PREFERRED SOLUTIONS, 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:

KATE SANDERS

(Name of Person)

AP PREFERRED SOLUTIONS, LLC

(Firm/Company)

28800 ORCHARD LAKE RD FL 2

(Address)

FARMINGTON HILLS, MI 48334-2981

(City/State and Zip Code)

For further information concerning this matter, please call:

KATE SANDERS

(Name of Person)

248

3191372

at (_____)

(Area Code & Daytime Telephone Number)

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

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

AP PREFERRED SOLUTIONS LLC

(Name of limited liability company)

MICHIGAN

(Jurisdiction of its organization)

2016

(Date registered with Florida Department of State)

M16000004949

(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: _____ (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.

Kate Sanders

(Signature of authorized representative)

KATE SANDERS

(Typed or printed name of signee)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

2020 MAR 24 AM 8:10

FILED

Filing Fee: \$25.00