

M19000002511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

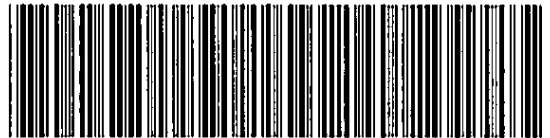
(Business Entity Name)

(Document Number)

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M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apache Homelands, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Withdrawal Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Melton

Name of Person

Apache Homelands, LLC

Firm/Company

320 Gold Avenue SW Suite 1200

Address

Albuquerque, NM 87102

City/State and Zip Code

john.melton@fortsillapache.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Melton

at (

505

)
Area Code

295-3231

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

MAILING ADDRESS:

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

WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

FIRST: The name of the limited liability company is: Apache Homelands, LLC

SECOND: The Florida Document number of the limited liability company is: M19000002511

THIRD: The record to be withdrawn is: Foreign LLC Registration

FOURTH: Please check the appropriate box

☒ This withdrawal statement is signed by all the persons who signed the record being withdrawn.

or

☐ This record is withdrawn in accordance with the agreement of all the persons who signed the record.

John Melton
Signature of person submitting withdrawal

John Melton
Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Filing fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**