P18000094600

(Requ	uestor's Name)	
(Addi	ress)		
(Addı	'ess)		
(City/	State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	ime)	
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			

Office Use Only



000371725410

08/16/21--01029--007 **35.00

R VVE TE AUG 2 - COT

COVER LETTER

TO:	Amendment Section		
	Division of Corporations		
SUBJ	JECT:		
	(Name	of Corporati	on)
DOC	UMENT NUMBER: P18000094600		<u> </u>
The e	enclosed Resignation of Registered Agent fo	т а Со грога	tion and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to th	e following:
Darrer	in Sherwood		
	(Name of Person)		
	(Name of Firm/Company)	<u> </u>	
2016 F	Painted Palm Drive		
	(Address)		
Naples	es, FL 34119		
	(City/State and Zip Code)		
For fu	urther information concerning this matter, pl	lease call:	
Darrer	n Sherwood at (310	779 8508
		(Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Darren Sherwood	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	Apex RF Conditioning, Inc.	
neredy resigns as registered right	(Name of Corporation)	_
P18000094600		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known addre	SS
	office discontinued on the 31st day after the date on which	
this statement is filed.		
4	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
	(Typed or Printed Name)	-
	(Capacity)	-

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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