1/19000052230

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fathy Marse)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer.

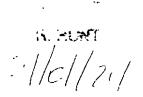
Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

APEX PERFORMANCE CORP SUBJECT:				
(Nai	me of Corpor	ation)		
DOCUMENT NUMBER: P19000052230				
The enclosed Officer/Director Resignation for a	Corporation	n and fee are submi	tted for filing.	
Please return all correspondence concerning this	s matter to th	ne following:		
DARRYLJOHNSON				
(Name of Person)	<u> </u>			
APEX PERFORMANCE CORP				
(Name of Firm/Company)		-		
1005 E108th Ave		_		
(Address)			r-	
Tampa, FL 33612				,
(City/State and Zip Code)		-	SSS A	1 -
For further information concerning this matter,	please call:		AH 9:5 OF STAT SSEE, FL	
DARRYL JOHNSON at	586	453-9846	TTI -	
(Name of Person)	(Area Cod	e & Daytime Teleph	one Number)	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SAMUEL POOLE	COO , hereby resign as	
1,	, nereby resign as	(Title)
APEX PERFORMANCE CORP		
	(Name of Corporation)	
P19000052230	, a corporation organized under the laws	s of the State of
(Document Number, if known)		
FLORIDA		
		~>
	(Signature of resigning officer/director)	BESSULT - LAH
	(Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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