L09000114101

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





400210439104

08/01/11--01012--030 **25.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ZIII AUG -1 AM 9: 02

J. SAULSBERRY EXAMINER

AUG 2 2011

COVER LETTER

TO:	Registration Section Division of Corporation	s							
SUB.	JECT:					ces LLC			
		Name of Li	imited	l Liabi	lity (Company			
Dear	Sir or Madam:								
The e	nclosed Registered Agent	Registered Of	ffice (Change	and	d fee(s) are submitted t	for filing	3 .	
Pleas	e return all correspondenc	e concerning t	his m	atter to	the	following:			
	Jennifer G	effrard							
	Name of Pe	rson							
							Z S	23	
							LA		
	Firm/Compa	iny			_		E E	2011 AUG -1 AM 9: 02	
							TARY OF SI	1	-
	2851 W Prospect	Rd Unit 120	4				100)	П
	Address	Tra Othe 120	'	····			FS	I	Ţ
								ä	î de sudi
	Cont. Laurdondal	- EL 22200					A	2	
	Fort Lauderdal City/State and Z			<u> </u>					
	Onyround and 2	ip code							
	premiertavservice	ം വിലേത്താ	m						
Ē	premiertaxservice -mail address: (to be used for future	e annual report no	tificatio	on)					
For fi	arther information concern	ing this matter	r, plea	ase cal	l:				
	Jennifer Geffrard		at (239	_)_	989-5942	2	, <u>.</u>	
	Name of Person				Area	Code & Daytime Telephone	Number		
	STREET/COURIER AD	DRESS:		M	тт	NG ADDRESS:			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it apports of State is: PREMIER TAX SERVICES		ida Depa	artment	
The State of Florida The State of Florida		SECRETARY OF S	2011 AUG - 1 AM	
3. The Florida document/registration number of this L09000114101	limited liability company is:	TÄTE ORIDA	9: 02	Ļ
_{4. I.} Nick Cherilus	hereby resign as a MGRM			
(Print Name of Person Resigning)	(Prin	it Title)		
of this limited liability company and affirm the limit resignation in writing.	ited liability company has been	notified	l of my	
Signature of Resigning Member, Managing Member	er or Manager			
Signature of Mosigning Managing Monto				

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)