113000099265

(Red	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



700271082927

resignation of mark

04/06/15--01021--015 **25.00



4/21/15

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Premier Medika LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Leon Batkilin (Contact Person)
(Contact Person)
(Firm/Company)
(Firm/Company)
500 Three Islands Blud. #717 (Address)
Hallandyle Beach FL 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
Leon Batkilin at (305) 469 3276 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\textstyle \textstyle \tex
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

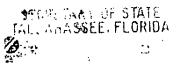
2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 2015 APR -6 PM 3: 50



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	remier Medika LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L/3000	0092265
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: <u> </u>
	hereby withdraw/resign as a man of Person Resigning)
Title	MGR (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
\mathcal{A}	
Signature of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)