P03000070766

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	,	
(Cit	y/State/Zip/Phone	
(Cit	y/State/Zip/Priorie	#)
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O9 FEB -5 PM |: 51 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Premier Partners Holdings Inc.	·
(Name of Corporat	non)
DOCUMENT NUMBER: P03000070766	·
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Wesley M. Robinson Esq.	
(Name of Person)	-
Wesley M. Robinson P.A.	
(Name of Firm/Company)	-
80 SW 8th Street, Suite 3100	
(Address)	_
Miami, FL 33130	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Wesley M. Robinson at (305	377-3352
(Name of Person) (Area Cod	e & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department or \$35.00 for an administratively dissolved, voluntarily dissolved.	nt of State for \$87.50 for an active corporat solved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	′.1509,
Florida Statutes, the undersigned,We	esley M. Robinson	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Premier Partners Holdings,Inc.	
	(Name of Corporation)	
P03000070766	•	
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last known	own address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which O9 FEB TALLAHA
If signing on behalf of an entity:	· · · · · · · · · · · · · · · · · · ·	3-5 PM 1:54 IARY OF STATE ASSEE, FLORID
((Typed or Printed Name)	Am +
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tailahassee, FL 32314