

L010000002993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

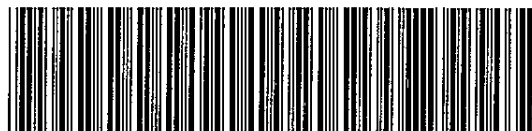
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100009561501

12/19/02--01027--010 **85.00

FILED
02 DEC 19 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20-31-02
3552000000107
m 38x 12/19/02
RWR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premiere Housing Sixteen Limited Company
(Name of Limited Liability Company)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Baker

(Name of Person)

Premiere Housing Limited Companies

(Name of Firm/Company)

806 W. Columbus Drive

(Address)

Tampa FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

John Baker

(Name of Person)

at (813) 309 9988

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

John M. Baker

(Name of Registered Agent)

, hereby resigns as

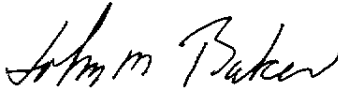
Registered Agent for Premiere Housing Sixteen Limited Company

(Name of Limited Liability Company)

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

John M. Baker

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 19 AM 9:40

FILED

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

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