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(Re	questor's Name)	
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dA Resign

SECRETARY OF STATE

Roberts CCD of and

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TQ: Amendment Section

CONCEPTS, LLC Liability Company	
Liability Company	
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Limited Liability Company and fee are submitted	
tter to the following:	
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se call:	
239) 992-6578 rea Code & Daytime Telephone Number	
partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn	
STREET ADDRESS:	
Amendment Section	
Division of Corporations	
Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32301	

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	of section 608.416(2) or 608.509, Florida Statutes, the undersigned,		
	John Chapin , hereby resigns as		
	ame of Registered Agent	55 THE .	
Registered Agent for	Premier Futbol Concepts LLC		
	Name of Limited Liability Company	5. 	
L05000 Document Nu		To	
A copy of this resignatio	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.		
If signing on behalf of ar	Signature of Resigning Agent entity:		
	Typed or Printed Name		
	Capacity		

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

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