10500029017

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	`
Resign		
• .	Office Use Only	•



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER ·

TO: Registration Section Division of Corporations		
SUBJECT: Premiere Abstract & Title, (Name of Lim	LLC nited Liability Com	pany)
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	g Member or Ma	nager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the fo	llowing:
John D'Amato		•
(Name of Person)		_
Premiere Abstract & Title, LLC		,
(Firm/Company)		-
200 South Andrews Avenue 9th Flo	or	
(Address)		•
Fort Lauderdale, FL 33301	`	
(City/State and Zip Code)		-
For further information concerning this matter, p	lease call:	
John D'Amato	at (954	332-4400
(Name of Person)	(Area Code	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:		
\$25 Filing Fee	· 🗹\$	55 Filing Fee &
CR2F079 (8/05)		Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Shlomi Presser	_, hereby resign as Managing Member	
	(Title)	
of Premiere Abstract & Title, LLC	,	
(Limited Liability	y Company)	
a limited liability company organized under the law	s of the State of Florida,	
and affirm that the limited liability company has been	en notified in writing of the resignation.	
(Signature of resigning manager, managing member or member) SECRE JARY OF STATE TAHASSEE. FLORID		

FILING FEE IS \$25.00

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