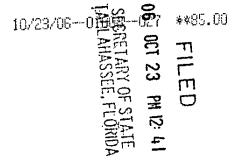
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TRANSMITTAL LETTER

| | endment Section sion of Corporations | | | | |
|--|---|---------------------------|---|---|---|
| SUBJECT: | Premiere Abstract a | | | | |
| | 1) | Name of Limi | ted Liability (| Company) | |
| DOCUME | NT NUMBER: L0500 | 0029017 | | | |
| The enclose for filing. | d Resignation of Registe | ered Agent fo | or a Limited | Liability Company and | fee are submitted |
| Please return | n all correspondence con | cerning this | matter to the | following: | |
| Shlomi Pre | | | | | |
| | (Name of Perso | on) | | | |
| Law Office | es of Shlomi Presser, f | ⊃.A. | | | |
| | (Name of Firm/Cor | mpany) | *************************************** | | |
| 200 SE 6t | h Street, Suite 602 | | | | |
| | (Address) | | | | |
| Fort Laude | erdale, FL 33301 | | | | |
| | (City/State and Zip | Code) | | | |
| For further i | nformation concerning t | his matter, p | lease call: | | |
| Shlomi Pre | esser | at (| 954 | 764-1080 & Daytime Telephone N | |
| | (Name of Person) | | (Area Code | & Daytime Telephone N | umber) |
| Enclosed is liability com | a check made payable to npany or \$25.00 for an ac npany. | the Florida dministrative | Department ly dissolved | of State for \$85.00 for a voluntarily dissolved of | an active limited or withdrawn limited |
| Mailing Add Amendment Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | 409 E. Gair | t Section Corporation | s | |

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis | ions of section 608.416(2) or 608.509, Florida Statutes, the | e undersigned, | | |
|-------------------------|--|--|--|--|
| Paul Jay Gamm | . hereb | , hereby resigns as | | |
| | (Name of Registered Agent) | , | | |
| Registered Agent for | Premiere Abstract and Title, LLC | | | |
| | (Name of Limited Liability Company) | | | |
| L05000029017 | | | | |
| (Document N | umber, if known) | | | |
| | tion was mailed to the above listed limited liability compa- ted and the office discontinued on the 31st day after the da | • | | |
| If signing on behalf of | (Typed or Printed Name) | FILED 06 OCT 23 PM 12: 4 SECRETARY OF STATE TALL AHASSEE, FLORID | | |
| | (Capacity) | | | |

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