L05000052597

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(Otyroddorziph Hone #)		
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COVER LETTER

Division of Corporations	
Premier Land Holdings. L.L.C. SUBJECT:	
	imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Lee Wingard	
(Contact Person)	
Premier Performance Interiors, Inc	
(Firm/Company)	
6304 17th St Cir E	
(Address)	
Sarasota, FL 34243	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Lee Wingard	941 809-5695 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, r E 52514	Tallahassee, FL 32303

CR2E079 (2/14)



FILED

2023 JAN 13 PM 12: 10

SECRETARY OF STATE TALL MASSEE, FL

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company a ier Land Holdings, L.L.C.	s it appears on the records of the Florida Department
2. The Florida doc L05000052597	ument/registration number a	ssigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is: 1-5-2023
4. I, James C Cowan	Name of Person Resigning)	, hereby withdraw/resign as a
MGR		
·	(Print Title)	
of this limited lia resignation in w		he limited liability company has been notified of my
	Docusigned by: James Cowan	
Signature of D	issociating Member or Resig	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	