# 105000070275

3
(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
Resign
Office I lee Only



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SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section

Division of Corporations					
SUBJECT: Premiere Housing Forty Si	x Limited Company				
SUBJECT: Premiere Housing Forty Six Limited Company (Name of Limited Liability Company)					
(company)					
Dear Sir or Madam:					
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	is to the following.				
John M. Baker					
(Name of Person)					
(Name of reison)					
Professional Rehab Inc.					
(Firm/Company)					
90C II 0-11 Pui					
806 W. Columbus Drive					
(Address)					
Tampa FL 33602	•				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
John M. Baker	at (813) _309_9988				
(Name of Person)	(Area Code & Daytime Telephone Number)				
,	, and the second				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section				
Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	14/4/4/4/5000, 150/104 02017				
Enclosed is a check for the following amount:					
\$25 Filing Fee	C\$55 Eiling Eag &				
[-]323 rung rec	☐\$55 Filing Fee & Certified Copy				
CR2E079 (8/05)	Collinea Copy				



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1.	Professional Rehab Inc.	_, hereby resign as _	Manageer		
~,			(Title)		
of Premiere Housing Forty Six Limited Company (Limited Liability Company)					
a limited liability company organized under the laws of the State of,					
and affirm that the limited liability company has been notified in writing of the resignation.  Notes: Int Whom. Or. by Shan Roke, Dros					
Professional Rehab Inc. by John M. Baker, Pres.					

(Signature of resigning manager, managing member or member)

06 OCT -5 PM 2: 55
SECRLIARY OF STATE
ALLARYSEE 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