

L06000008668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

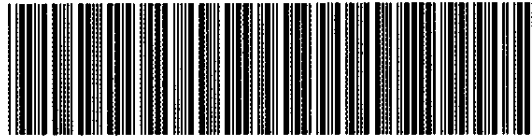
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08 SEP 29 AM 10:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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08 SEP 29 PM 3:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

SEP 30 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRIME ASSETS OF TALLAHASSEE, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HADI BOULOS  
(Contact Person)

PRIME ASSETS OF TALAHASSEE, LLC  
(Firm/Company)

P. O. BOX 15877  
(Address)

TALLAHASSEE, FL 32317-5877  
(City/State and Zip)

For further information concern

BRANDON MILLER  
(Name of Contact Person)

Enclosed please find a check made payable to  
☒ \$25 Filing Fee

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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**ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PRIME ASSETS OF TALLAHASSEE, LLC

2. This limited liability company was organized under the laws of:

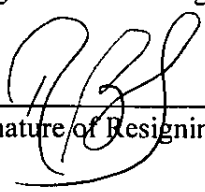
THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:

L06000008668

4. I, ANTOINE BOULOS, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
08 SEP 29 PM 3:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA