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DIVISION OF CORFORATION
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
PREMIERE PROPE	RTY GROU!	P LLC	
SUBJECT:			
(Name of Limited	d Liability Cor	mpany)	•
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing M	lember or M	fanager and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this ma	atter to the f	following:	
SY CHADROFF, P.A.			
(Name of Person)		<del></del>	
			<b>28</b>
(Firm/Company)		_	ISION
3000 ISLAND BOULEVARD, #401			of co
(Address)			2006 MAR 21 AM II: 38
AVENTURA, FLORIDA 33160			- <del></del>
(City/State and Zip Code)		<del></del>	88 7
For further information concerning this matter, plea	se call:		
SY CHADROFF	305 t (	682-9572	
(Name of Person)		le & Daytime Telephone Number)	•
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301  Enclosed is a check for the following amount:			
,	_	dec por a	
\$25 Filing Fee		\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)		Ceramed Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

T.	CHRISTIAN LUDWIGSEN	MANAGER			
-,			(Title)		_
of	PREMIERE PROPERTY GROUP LLC				•
	(Limited Liabilit	y Company)			
a lii	mited liability company organized under the law	s of the State of	FLORIDA		
and	affirm that the limited liability company has be	en notified in writin	g of the resignatio	n.	
	(Signature of resigning manager, managing member or member)				SECRETARY I
				圣 ::	OF STAIL RECKATION

#### 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