

	_
(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	<u>.</u> .
Special Instructions to Filing Officer:	
1/1/1	
Office Use Only	K



04/19/06--01033--020 **55.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Priority Se (Name of Li	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managin	ng Member or Manager and fee(s) are submitted for	filing.
Please return all correspondence concerning thi	is matter to the following:	
Judy Overfelt (Name of Person)	<u></u>	~
Priority Service	hhc	06 APR 19 AM II: 5
P.O. BOX 495 (Address)		A PARTY
Sparr Florida 3 (City/State and Zip Code)	32192	SEE S
For further information concerning this matter,	please call:	
Judy Overfelt (Name of Person)	_at (352) 843-6557 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	: :	
\$25 Filing Fee	\$55 Filing Fee &	
CR2E079 (8/05)	Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Judy Overfelt, hereby resign as Managing	Mer	nbe	W .
of Priority Service LLC (Limited Liability Company)	····· >		
a limited liability company organized under the laws of the State of Florida			
and affirm that the limited liability company has been notified in writing of the resignation.	7 S	2	
(Signature of resigning manager, managing member or member)	ECRETARY OF ST	16 APR 19 AM 11:57	FILED
	景	<u></u>	

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