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(Requ	estor's Name)
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PICK-UP	☐ WAIT	MAIL
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J. SAULSE EXAMI

FEB 1 7

J. SAULSBERRY EXAMINER

FEB 1 7 2011

COVER LETTER

TO: Registration Section Division of Corporations	5
SUBJECT:	Premier Station Solution Name of Limited Liability Collegary
The enclosed member, managin filing.	g member or manager resignation and fee(s) are submitted for
Please return all correspondence	e concerning this matter to:
Limpa Cava ULO (Contact Per	son)
Premier Stating S	elutumi Es = .
1300 Atthus Street	EB 16 PM 1:4 ETARY OF STATE HASSEE, FLORID
Hollywood U. 331	<u>SIQ</u>
For further information concerns	ing this matter, please call:
(Name of Contact Person	at (ASH) 347-W487 (Area Code & Daytime Telephone Number)
Enclosed please find a check ma \$25 Filing Fee	ade payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRES	·
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

CR2E079 (5/06)

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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	imited liability company as it a	ppears on the records o	of the Flog	ida Depa	artment	t
	lity company was organized un			SECRETARY.O	2011 FEB 16 1	
•	ment/registration number of thi	s limited liability comp	oany is:	F STATE FLORIDA	PH 1:41	P*************************************
4. I, <i>Quio</i>	ime of Person Resigning)	_, hereby resign as a _	(Prin	R nt Title)		
of this limited liab	ility company and affirm the liting.	mited liability company	/ has been	notified	l of my	
Signature of Resi	gning Member, Managing Men	iber or Manager				
Filing Fee:	\$25.00 (Required)			•		
Certified Copy:	\$30.00 (Optional)	•				