## 10700095041

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PREMIER FINANCIAL TRUST LLC	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Statement of Termination and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	• ,
A T BRENT  Name of Person	<b>16</b> SECI
	FILE APR -4 XFIAGES
Firm/Company	Fig f in
4015 BAYSHORE BLVD. 16D Address	ESTATE 3
TAMPA, FL 3361/ City/State and Zip Code	37
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
A T BRENT at (813) 849 9800  Name of Person Area Code Daytime Telephone Nur	
Name of Person Area Code Daytime Telephone Nur	nber

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

CR2E141 (2/14)

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
PREMIER FINANCIAL TRUST LLC
2. The Articles of Organization were filed on
document number <u>L0700095041</u>
3. The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
NO LONGER IN BUSINESS.
APR SINGLE STATE OF THE STATE O
ORIDE 3
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:  A. J. BRENT
4015 BAYSHORE BOULEVARD 16-D
TAMPA, FLORIDA 33611
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Stant A. T. BRENT
Signature Printed Name

**FILING FEE: \$25.00**