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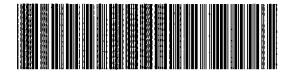
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	(Requestor's Name)			
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•	(Business Entity Name)			
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Certified Copies	Certificates of 9	Status		
Special Instructions	s to Filing Officer			
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Office Use Only

G. MCLEOD

SEP 3 2010

EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Premeir Parki	ng Ventures LLC Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
Jimmy Alfonso (Contact Person)	
(Firm/Company)	
207 W. Jean St.	·
Tampa, FL 33604 (City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t [V] \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
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	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		•
2. This limited liab	ility company was organized	l under the laws of:	
	nment/registration number of	f this limited liability com	pany is:
	CA/SONSO ame of Person Resigning) bility company and affirm th		
resignation in wri	ting. My (,) () () () () () () () () (Nambar or Managar	
Filing Fce:	\$25.00 (Required) \$30.00 (Optional)	icinoci oi ivianagei	10 SEP -2