L07000120593

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(Address)		
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T. HAMPTON

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COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: GORDON PREMIUM S	SERVICES, LLC
(Name of Limited Liab	pility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	itter to:
EVA GORDON	
(Contact Person)	
GORDON PREMIUM SERVICES,L	LC
(Firm/Company)	
3829 RUNNING WATERS DRIVE	
(Address)	
ORLANDO FL 32837	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
EVA GORDON at (407 _{\ 575-7806}
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Find \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
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



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 limited liability company as it of State is: GORDON PREMIUM SE	appears on the records of the Florida Department RVICES, LLC.
2. This limited liability company was organized un ARTICLES OF CORPORATION	nder the laws of:
3. The Florida document/registration number of th L07000120593	is limited liability company is:
4. I, GEORGE A. GORDON	, hereby resign as a MANAGER (Print Title)
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li- resignation in writing.	imited liability company has been notified of my
George G. Sordon	
Signature of Resigning Member, Managing Mer	nber or Manager

\$25.00 (Required) \$30.00 (Optional) DIVISION OF CORPORATIONS

12.IAN -5 AMIN: 12

Filing Fee: Certified Copy: