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COVER LETTER

Amendment Section
Division of Corporations

SUBJECT:	Priority One M Name of	anag Limite	ement d Liabilit	Service y Company	es, LLC	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBI		L08000111341				
The enclosed Resignation for filing.	on of Registered Age	ent for	a Limite	d Liabilit	y Company and	I fee are submitted
Please return all corresp	ondence concerning	this n	natter to	the follow	ving:	
M	chael Harper			_		
N	ame of Person					
	N/A					
Name	of Firm/Company					
6308 H	arbour Club Drive Address					
	Worth, FL 33467			_		
·	•					
jamesac	orna@comcast.ne	et no	tification	_		
For further information		-				
Michael I		_ at ()	307-7853	
Name of	Person	4	Area Cod	e & Daytir	ne Telephone Nu	imber

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 608.416(2)	or 608.509, Florida Statutes, the	undersigned,			
N	lichael J Harper	, hereb	v resigns as			
	me of Registered Agent	,,	,			
Registered Agent for	stered Agent for Priority One Management Services, LLC					
	Name of Limited	Liability Company	<u></u>			
L0800011	11341	_				
Document Number	er, if known					
A copy of this resignation v	vas mailed to the abov	e listed limited liability compan	y at its last known address.			
The agency is terminated ar	nd the office discontin	nued on the 31st day after the dat	te on which this statement is filed.			
	<u>Church</u>	gnature of Resigning Agent				
If signing on behalf of an en	ntity:					
	Mic	hael Harper				
_	_ · · ·	d or Printed Name	_			
		<u>6R</u>				
	FILING FE	ES: active limited liability company dministratively dissolved/ volu withdrawn limited liability com	TALLAHASSEE, FLORID pany			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314