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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB - 7 2011

EXAMINER

## **COVER LETTER**

TO:	_	tration Section ion of Corporations		
	171413	ion of Corporations		
SUBJ.	ECT:	Premier Resource Syste	ems	
		(Name of Limite	d Liability Co	npany)
The er filing.		l member, managing member or n	nanager resig	gnation and fee(s) are submitted for
Please	return	all correspondence concerning th	is matter to:	
Ton	y Jen	kins		_
		(Contact Person)	·	
Pren	nier F	Resource Systems		_
		(Firm/Company)		
100	S Eo	la Dr. Unit 706		_
		(Address)		
Orla	ndo,	FL 32801		_
		(City/State and Zip Code)		
For fu	ırther i	nformation concerning this matter	, please call:	
Tony	y Jen	kins	at ( 407	7582879
_	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable to	the Florida I	Department of State for:
	,	\$25 Filing Fee		\$55 Filing Fee &
				Certified Copy
STRE	EET/C	OURIER ADDRESS:		MAILING ADDRESS:
		Section		Registration Section
~		Corporations		Division of Corporations
	n Build			P.O. Box 6327
		ive Center Circle		Tallahassee; Florida 32314
Tallah	nassee,	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 emier Resource Syst	s it appears on the records of the sems , //	he Florida Department			
2. This limited liab	oility company was organized	d under the laws of:				
3. The Florida doc 	_	f this limited liability compan	y is:			
<sub>4. I,</sub> Norma Allen		, hereby resign as a MC	_, hereby resign as a MGRM			
(Print N	lame of Person Resigning)	<u> </u>	(Print Title)			
of this limited lia resignation in wr	• •	ne limited liability company ha	as been notified of my			
Muer						
Signature of Res	igning Member, Managing N	Member or Manager				
			9			
Filing Fee:	\$25.00 (Required)		<b>=</b> Vis			
Certified Conv:	\$30.00 (Ontional)		7 6			

FER -L PM TE ON