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SESRETANT OF STATE
PALLAHASSEN FLORIDA

EXAMINER EXAMINER K.SALY

COVER LETTER

	ation Section n of Corporations		
SUBJECT: F	Premier Resource Sy	/stems_	
_	(Name of L	imited Liability Co	mpany)
The enclosed n filing.	nember, managing member	or manager resig	gnation and fee(s) are submitted fo
Please return a	Il correspondence concernir	ng this matter to	:
Norma Alle	en		_
	(Contact Person)		
Premier Re	source Systems		
	(Firm/Company)		_
3208 E. Co	olonial Drive Suite G		_
	(Address)		
Orlando, F	L 32803		
	(City/State and Zip Code)		_
For further info	ormation concerning this ma	atter, please call:	
Norma Alle	n	~ ~ \	3023208
(Nam	e of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed pleas	e find a check made payable \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
STREET/COU Registration Se	JRIER ADDRESS:		MAILING ADDRESS: Registration Section
Division of Co	rporations		Division of Corporations
Clifton Buildin 2661 Executive			P.O. Box 6327 Tallahassee, Florida 32314
Tallahacsee El			ranunassee, rionaa 52514

CR2E079 (5/06)



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SEGRE LARY OF STATE PALLAHASSEE: FLORIDA:

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 appears on the records of the Florida Department
of State is: Pre	mier Resource Syste	ms
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doc <u>L09000103</u>		this limited liability company is:
4. I, Edward Lagzdins		, hereby resign as a MGR
(Print N	ame of Person Resigning)	(Print Title)
of this limited lia resignation in wr	* *	limited liability company has been notified of my
Michael &	Eduard Lasydin	, <u>/</u>
	igning Member, Managing M	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	