

# L 1000000 9015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

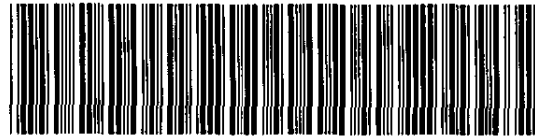
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 SEP 20 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 24 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2013

PROFESSIONAL EMPLOYERS SERVICES, LLC  
ALEX SARDINAS  
6161 BLUE LAGOON DR, STE. 255-C  
MIAMI, FL 33126

SUBJECT: PROFESSIONAL EMPLOYERS SERVICES, LLC  
Ref. Number: L10000009015

We have received your document for PROFESSIONAL EMPLOYERS SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 313A00020509

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL EMPLOYERS SERVICES, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**ALEX SARDINAS**

(Contact Person)

**PROFESSIONAL EMPLOYERS SERVICES, LLC**

(Firm/Company)

**6161 BLUE LAGOON DRIVE, SUITE 255-C**

(Address)

**MIAMI, FL 33126**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ALEX SARDINAS**

(Name of Contact Person)

at ( **305** ) **459-9913**

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

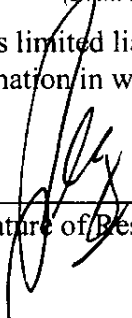
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PROFESSIONAL EMPLOYERS SERVICES, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L10000009015

4. I, ARMANDO PEREZ, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)