

L10000050799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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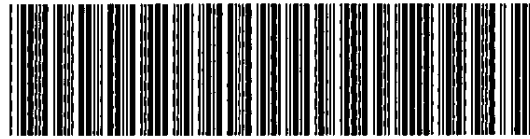
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. LEWIS
APR 30 2012
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premiere Consulting LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LZ 00000 50799

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart Rubens
Name of Person

Premiere Consulting LLC
Name of Firm/Company

3325 Hollywood Blvd Ste 307
Address

Hollywood, FL 3302
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart Rubens at (954) 362-2180
Name of Person Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Peter Kirschner, hereby resigns as
Name of Registered Agent

Registered Agent for Premiere consulting LLC
Name of Limited Liability Company

L10000050799
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Peter Kirschner
Signature of Resigning Agent

If signing on behalf of an entity:

Peter Kirschner
Typed or Printed Name
Registered Agent
Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

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

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