

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name

: PAUL SALVER, P.A.

Account Number : 120020000087

Phone

: (954)389-1333

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

P. SALVISC & PSCCPAS. OOM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIUM AUTO CHOICE, LLC

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B. BOSTICK

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TO: Registration Section Division of Corporations	
SUBJECT: Premium Auto Choice, L	LC
(Name of Limited	i Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fec(s) are submitted for
Please return all correspondence concerning the	s matter to:
Paul Salver	
(Contact Person)	
Paul Salver, P.A.	TOEC 27
(Firm/Company)	75
2721 Executive Park Drive, Suite 3	مُنْ اللهِ الله
(Address)	<u> </u>
Weston, FL 33331	)R 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter,	please call:
Paul Salvera	(Mrea Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytimc Telephone Number)
Enclosed please find a check made payable to t  \$25 Filing Fee	he Florida Department of State for:  \$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

CR2E079 (5/06)



## 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 of State is: Pre	limited liability company a mium Auto Choice,	as it appears on the records	of the Florida Depa	irtment
2. This limited liab	ility company was organiz	ed under the laws of:		
3. The Florida docu L11000026	•	of this limited liability con	pany is:	
4. I, Roberto Fe	ernandez Blay	, hereby resign as a	Member and N	Manager .
	ame of Person Resigning)	· ·	(Print Title) c	
resignation in wri	gning Member, Managing	the limited liability compared to the liabil	ny has been notified  HASSEE, FLORIDA	TEC 27 AN IO: OO
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
centitive copy.	and on (Abridital)			