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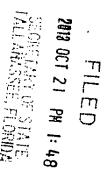
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Bu	isiness Entity Name)		
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Certified Copies	Certificates of	f Status		
Special Instructions to	Filing Officer:	ļ		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLORIDA PREMIUM (Name of Limite	FINANCE, LLC d Liability Company)
·	• • •
filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
CARLOS REMOSO	
(Contact Person)	
(Firm/Company)	
15295 SW 107 LANE	#1019
(Address)	
MIANI, FL 3319	76
(City/State and Zip Code)	
For further information concerning this matter,	please call:
CARLOS REINOSO	at 786 728 -0223
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	the Florida Department of State for:
\$25 Filing Fee	□ \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
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CR2E079 (5/06)



FILED
2018 OCT 21 PM 1: 48
SECRETARY OF STATE
TALLARMSSEE, FLORIDA

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 it [UNIDA PREYIU		
	ility company was organized u	under the laws of:	
	ument/registration number of to 100 77522	his limited liability com	pany is:
4. I. CHRIST	ame of Person Resigning)	, hereby resign as a	MGRM
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compan	y has been notified of my
Signature of Res	gning Member, Managing Me	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		