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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

: (702)866-2500

Phone Fax Number

: (702)866-2689

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

EMBIL Address: WENDY, ACKEY @ INCORP. COM

LLC REGISTERED AGENT RESIGNATION
PREMIER TRANSPORTATION LEASING FL, LLC

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8/17/2015

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	PREMIER TRANSPORTATION LEASING FL, LLC				
	Na	ime of Limi	ted Liability	Company	•
DOCUMENT N	NUMBER:	L120001	48779	·	
The enclosed Refor filing.	signation of Register	ed Agent fo	or a Limited	Liability Company and fee ar	e submitted
Please return all	correspondence conc	erning this	matter to th	e following:	
Wendy Hefley					
	Name of Person	 			
Incorp Service	es, inc.				
	Name of Firm/Comp	any			
2360 Corporal	te Circle, Suite 400				
	Address				•
Henderson, N	V 89074				
	City/State and Zip C	ode			
processing@ir	ncorp.com				
E-mail address	:: (to be used for future an	nual report n	otification)		
For further inform	nation concerning thi	s matter, p	lease cail:		
Incorp Services	s, Inc./Wendy Hefle	y _{o+ (}	702	866-2500 ext 6601	
N	lame of Person	ar į	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	5, Florida Statutes, the undersigned,		
Incorp Services, Inc. hereby resigns as				
	Name of Registered Age		—.B.2	
Registered Agent for _	PREMIER TRAN	SPORTATION LEASING FL, L	LC	
	Nume of Lin	nited Liability Company		
L120001487	79			
Document)	Yumber, if known			
A copy of this resignat	ion was mailed to the	above listed limited liability company	at its last known address.	
	Mes	ontinued on the 31st day after the date Signature of Resigning Agent	on which this statement is filed.	
If signing on behalf of				
		or Incorp Services, Inc.	15 AE	
	Authorized Rep	Typed or Printed Name resentative	THE REST	
	<u> </u>	Capacity	1ARY	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volunt withdrawn limited liability compa	OF STATE E.FLORIDE	

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